

PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE

RECEIVED

(1949 Revision of Standard Certificate)

JAN 9 1956

## CERTIFICATE OF STILLBIRTH

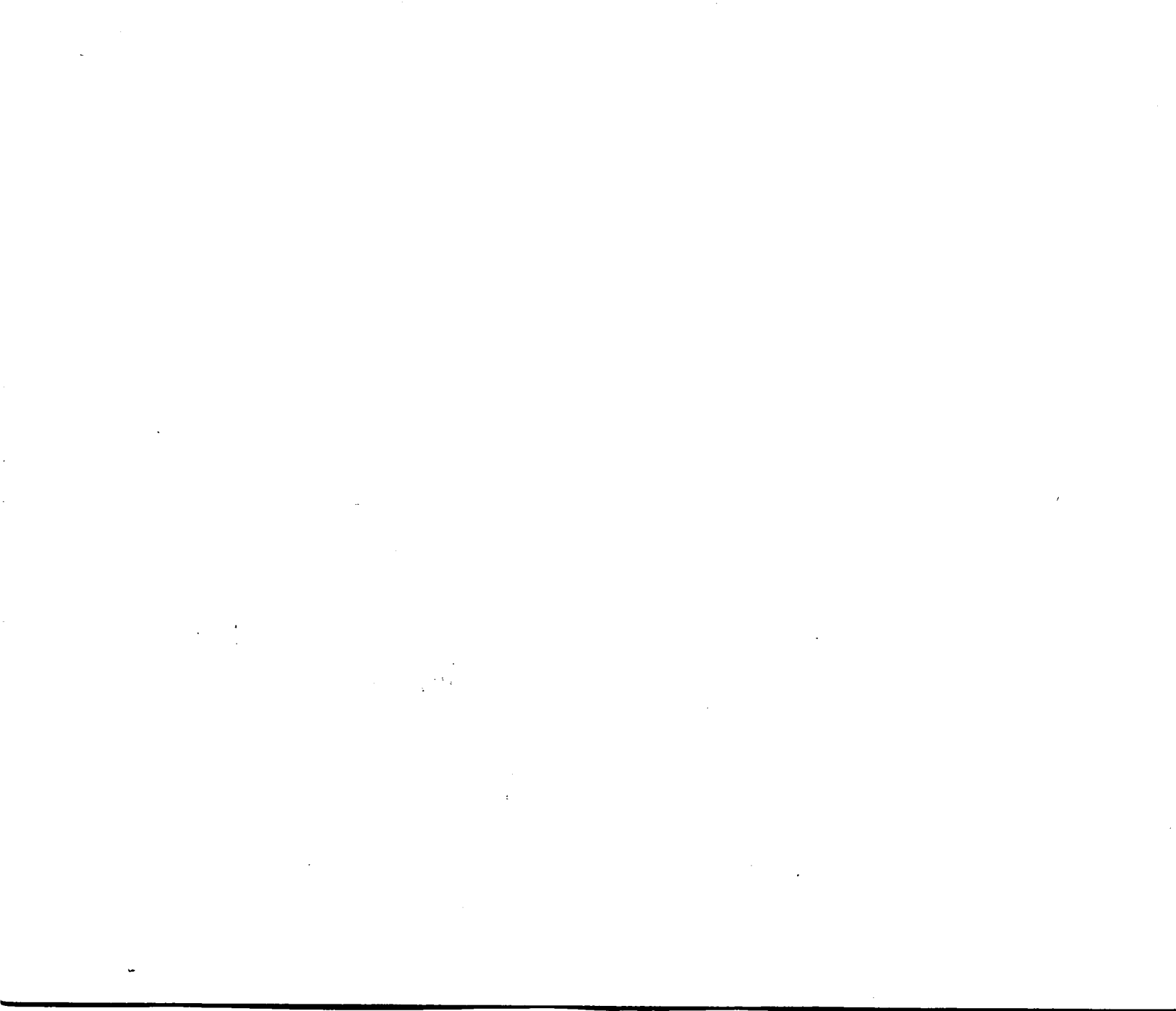
State of Idaho

State File No. 001

Local Reg. No. 2

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>637 E. Jefferson</u>	
3. CHILD'S NAME (Type or Print) <u>Infant McMillan</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Jan. 1 1956</u>
7. FATHER'S NAME a. (First) <u>Howard</u> b. (Middle) <u>E</u> c. (Last) <u>McMillan</u>		8. COLOR OR RACE <u>W.</u>	
9. AGE (At time of this birth) <u>45</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Wyoming</u>	11a. USUAL OCCUPATION <u>Painter</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Dorothy</u> b. (Middle) <u>McMillan</u> c. (Last) <u>McMillan</u>		13. COLOR OR RACE <u>W.</u>	
14. AGE (At time of this birth) <u>40</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>4</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Dorothy McMillan</u>			
18a. LENGTH OF PREGNANCY <u>24</u> WEEKS	18b. WEIGHT AT BIRTH <u>1</u> LBS. <u>12</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Breech with cord obstruction (6mo. pregnancy)</u>	
		20b. MATERNAL CAUSES <u>Multiple placental infarcts.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY <u>0</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>James H. Thompson M.D.</u>	
23b. DATE SIGNED <u>1-1-56</u>		23c. ATTENDANT'S ADDRESS <u>Boise Idaho</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Frederick H. Gibson</u>		TITLE <u>Boise</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Jan. 4 1956</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Morris Hill</u>	25d. LOCATION (City, town, or county) (State) <u>Boise, Idaho</u>
DATE REC'D BY LOCAL REG. <u>1-4-56</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	26. FUNERAL DIRECTOR <u>Schreiber, McCann-Gibson---Boise</u>	



PHS-797 (Rev. 1-48)  
FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE  
**RECEIVED**  
FEB 10 1956 30 A.M.

(1949 Revision of Standard Certificate)  
**CERTIFICATE OF STILLBIRTH**  
State of Idaho

State File No. 002  
Local Reg. No. 39  
Reg. Dist. No. 510

1. PLACE OF BIRTH (If outside corporate limits, write RURAL and give township) a. COUNTY <u>Bannock</u> b. CITY OR TOWN <u>Pocatello</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Anthony Mercy Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u> d. STREET ADDRESS (If rural, give location) <u>525 Lilac</u>	
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3. CHILD'S NAME (Type or Print) BABY ZUNDEL

4. SEX Male 5a. THIS BIRTH SINGLE ☒ TWIN ☐ TRIPLET ☐ 5b. IF TWIN OR TRIPLET (This child born) 1ST ☐ 2ND ☐ 3RD ☐ 6. DATE OF STILLBIRTH (Month) (Day) (Year) January 12, 1956

7. FATHER'S NAME a. (First) Dwight b. (Middle) Lewis c. (Last) Zundel 8. COLOR OR RACE White

9. AGE (At time of this birth) 34 YEARS 10. BIRTHPLACE (State or foreign country) Malad 11a. USUAL OCCUPATION Merchant 11b. KIND OF BUSINESS OR INDUSTRY Radio-Television

12. MOTHER'S MAIDEN NAME a. (First) Betty b. (Middle) Jean c. (Last) Richardson 13. COLOR OR RACE White

14. AGE (At time of this birth) 29 YEARS 15. BIRTHPLACE (State or foreign country) Pocatello 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)  
a. How many children are now living? 4 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? 1

17. INFORMANT Betty Jean Zundel

18a. LENGTH OF PREGNANCY 38 WEEKS 18b. WEIGHT AT BIRTH LBS. OZS. 19. Was a standard serological test for syphilis performed? Yes ☒ No ☐ Approximate date

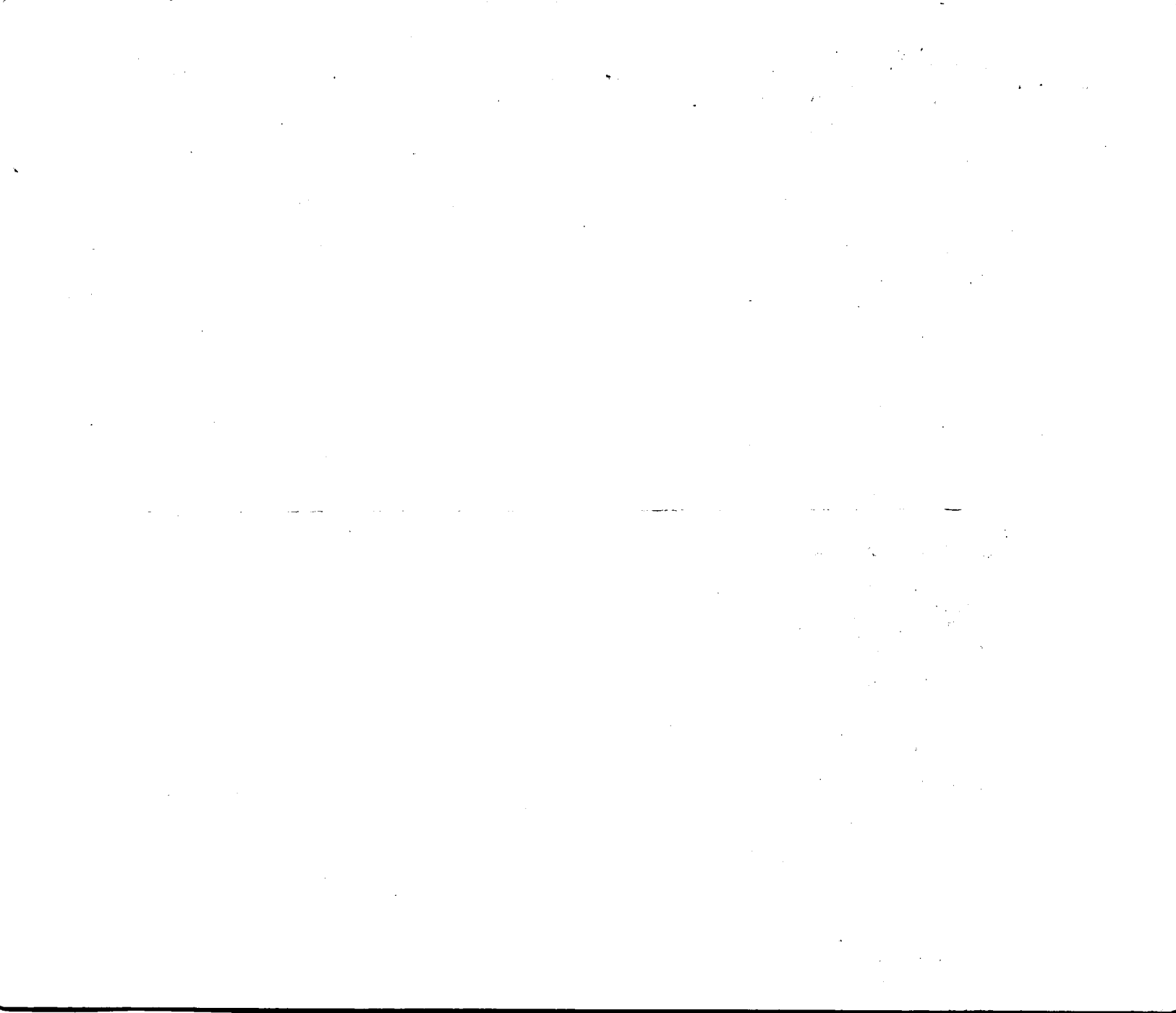
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  
20a. FETAL CAUSES None determined.  
20b. MATERNAL CAUSES None determined.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Intrauterine death at 17 weeks 22. STATE ALL OPERATIONS FOR DELIVERY None.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:30 p.m.  
23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) [Signature] 23b. DATE SIGNED 1-21-56  
23c. ATTENDANT'S ADDRESS Pocatello 24. SIGNATURE OF AUTHORIZED OFFICIAL [Signature] TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation 25b. DATE Jan 16, 1956 25c. NAME OF CEMETERY OR CREMATORY St Anthony Hosp 25d. LOCATION (City, town, or county) (State) Pocatello, Idaho

DATE REC'D BY LOCAL REG. 2-7-56 REGISTRAR'S SIGNATURE Eva M. Wallin 26. FUNERAL DIRECTOR E. B. Webb, M. D., Pathologist ADDRESS Bannock Memorial Hosp.





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(1949 Revision of Standard Certificate)

State File No.

Local Reg. No.

Reg. Dist. No.

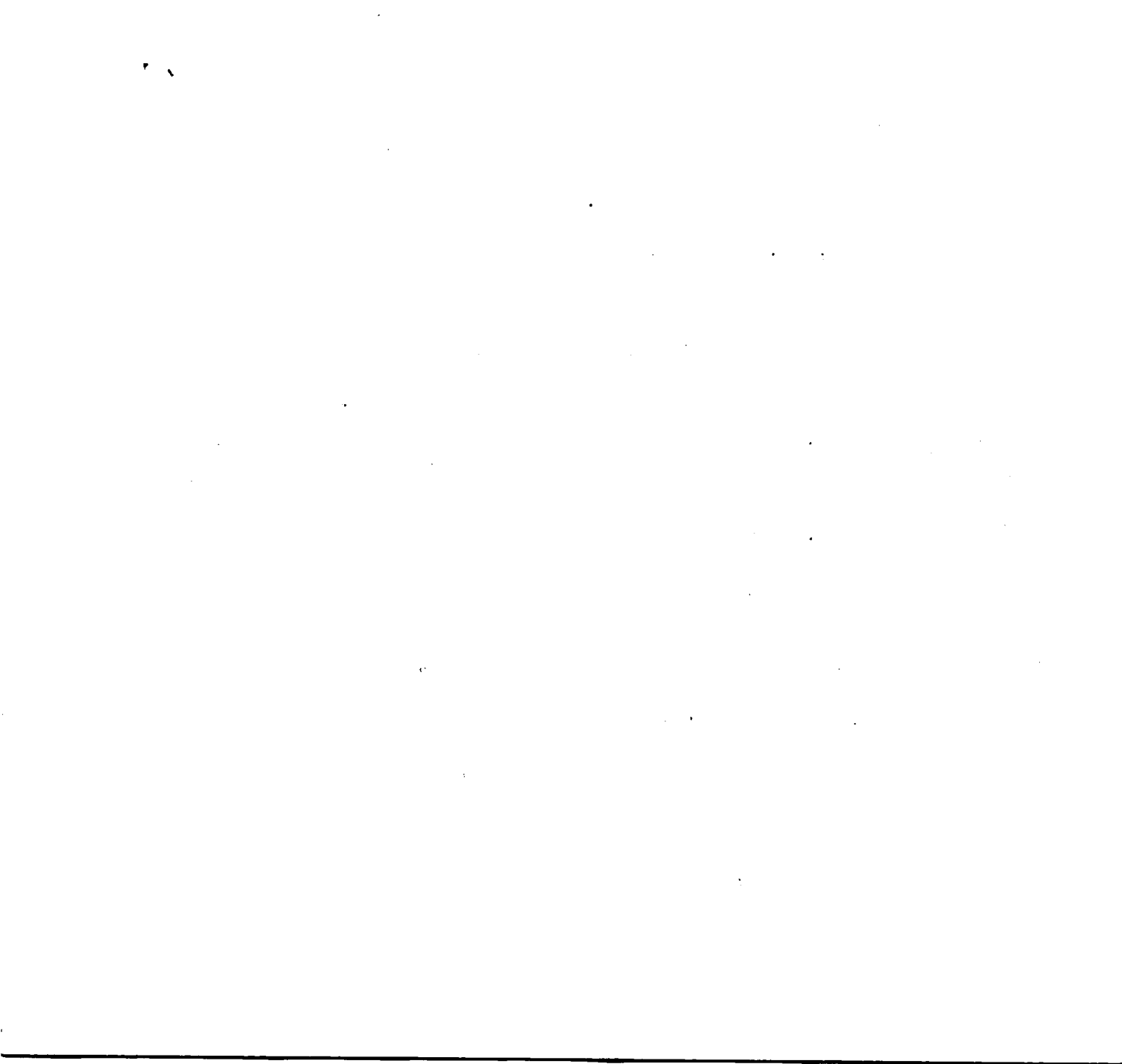
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## JAN 9 1956 CERTIFICATE OF STILLBIRTH

State of Idaho

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY <b>ELMORE</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>IDAHO</b> b. COUNTY <b>ELMORE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MOUNTAIN HOME AIR FORCE BASE, IDA.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MOUNTAIN HOME</b>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>USAF HOSP, MT. HOME AFB, IDA</b>		d. STREET ADDRESS (If rural, give location) <b>RURAL ROUTE</b>	
3. CHILD'S NAME (Type or Print) <b>DONALD LYNN SUMMERFORD</b>			
4. SEX <b>MALE</b>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <b>JAN 3 1956</b>
7. FATHER'S NAME a. (First) <b>HERBERT</b> b. (Middle) <b>CURTIS</b> c. (Last) <b>SUMMERFORD</b>		8. COLOR OR RACE <b>CAU</b>	
9. AGE (At time of this birth) <b>27</b> YEARS	10. BIRTHPLACE (State or foreign country) <b>MISS. INVERNESS</b>	11a. USUAL OCCUPATION <b>USAF</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>USAF</b>
12. MOTHER'S MAIDEN NAME a. (First) <b>ELETHA</b> b. (Middle) <b>DEAN</b> c. (Last) <b>CHISM</b>		13. COLOR OR RACE <b>CAU</b>	
14. AGE (At time of this birth) <b>24</b> YEARS	15. BIRTHPLACE (State or foreign country) <b>MISS. COLUMBUS</b>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <b>ONE</b> b. How many children were born alive but are now dead? <b>NONE</b> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>NONE</b>	
17. INFORMANT <i>Herbert Curtis Summerford</i>			
18a. LENGTH OF PREGNANCY <b>40</b> WEEKS	18b. WEIGHT AT BIRTH <b>3</b> LBS. <b>10</b> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <b>8 JUN 55</b>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <b>OCCCLUSION OF CORD DUE TO ACUTE TORSION</b>	
		20b. MATERNAL CAUSES <b>NONE</b>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <b>NONE</b>		22. STATE ALL OPERATIONS FOR DELIVERY <b>EPISIOTOMY</b>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>7:04</b> Am.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Robert L. Morgan M.D.</i>	
23b. DATE SIGNED <b>3 JAN 56</b>		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Arthur Smith</i>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		25b. DATE <b>JAN. 4, 1956</b>	
25c. NAME OF CEMETERY OR CREMATORY <b>COLUMBUS, Miss.</b>		25d. LOCATION (City, town, or county) (State) <b>COLUMBUS, MISSISSIPPI</b>	
DATE REC'D BY LOCAL REG <b>Jan 4, 1956</b>		26. FUNERAL DIRECTOR ADDRESS <b>BEY MORTUARY</b>	
REGISTRAR'S SIGNATURE <i>A. Anderson</i>		ADDRESS <b>MTN. HOME, IDAHO</b>	



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FEB 6 1956

(1949 Revision of Standard Certificate)

## CERTIFICATE OF STILLBIRTH

State of Idaho

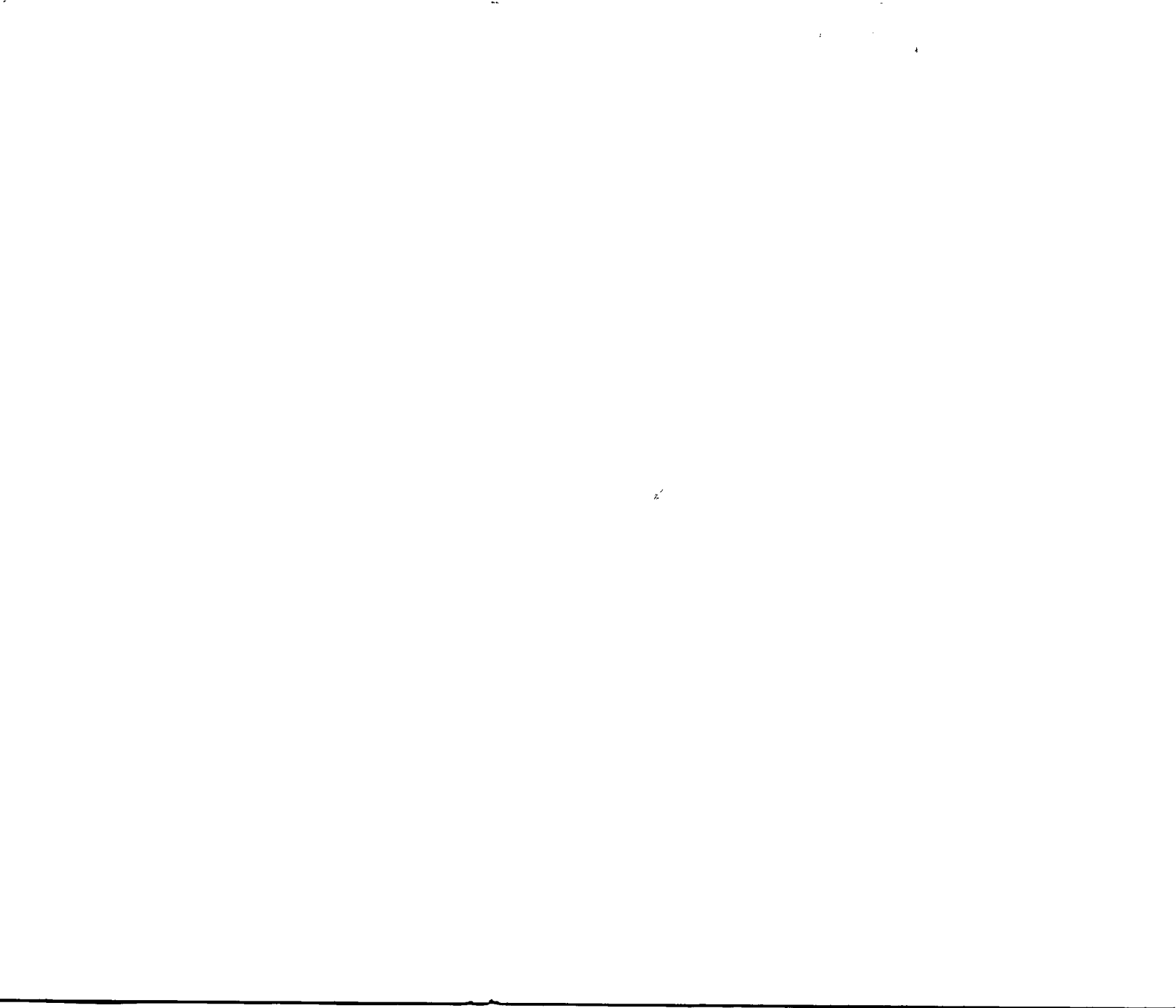
State File No. 004

Local Reg. No. 2

Reg. Dist. No. 6.40

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY Jefferson		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho		b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rigby		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		Grant	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Rigby Maternity Hospital		d. STREET ADDRESS Rte. #2		Idaho Falls, Idaho.	
3. CHILD'S NAME (Type or Print) Baby HIX					
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) January 18, 1956		
7. FATHER'S NAME a. (First) Lowell		b. (Middle) Rich		c. (Last) Hix	
8. COLOR OR RACE White					
9. AGE (At time of this birth) 44 YEARS	10. BIRTHPLACE (State or foreign country) Grant, Idaho	11a. USUAL OCCUPATION Farm owner	11b. KIND OF BUSINESS OR INDUSTRY Farm		
12. MOTHER'S MAIDEN NAME a. (First) Abigail		b. (Middle) Ann		c. (Last) Good	
13. COLOR OR RACE White					
14. AGE (At time of this birth) 42 YEARS	15. BIRTHPLACE (State or foreign country) Rigby, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 5 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0			
17. INFORMANT Lowell B. Hix					
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <i>March 1956</i>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Hydrops Fetalis - due to shock about baby's neck + pressure on cord		20b. MATERNAL CAUSES None			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None			22. STATE ALL OPERATIONS FOR DELIVERY None		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2:30 P. M.		23a. ATTENDANT'S SIGNATURE Israel Hall, M.D.		23b. DATE SIGNED Jan. 19, 1956	
23c. ATTENDANT'S ADDRESS Rigby, Idaho		IF NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 1/19/1956	25c. NAME OF CEMETERY OR CREMATORY Grant Central Cemetery		25d. LOCATION (City, town, or county) (State) Grant Jefferson Idaho.	
DATE REC'D BY LOCAL REG. 1/19/56	REGISTRAR'S SIGNATURE Mrs. C. B. Eversell	26. FUNERAL DIRECTOR Bruce A. Eversell		ADDRESS Rigby, Idaho.	



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(1949 Revision of Standard Certificate)

FEB 13 1956

## CERTIFICATE OF STILLBIRTH

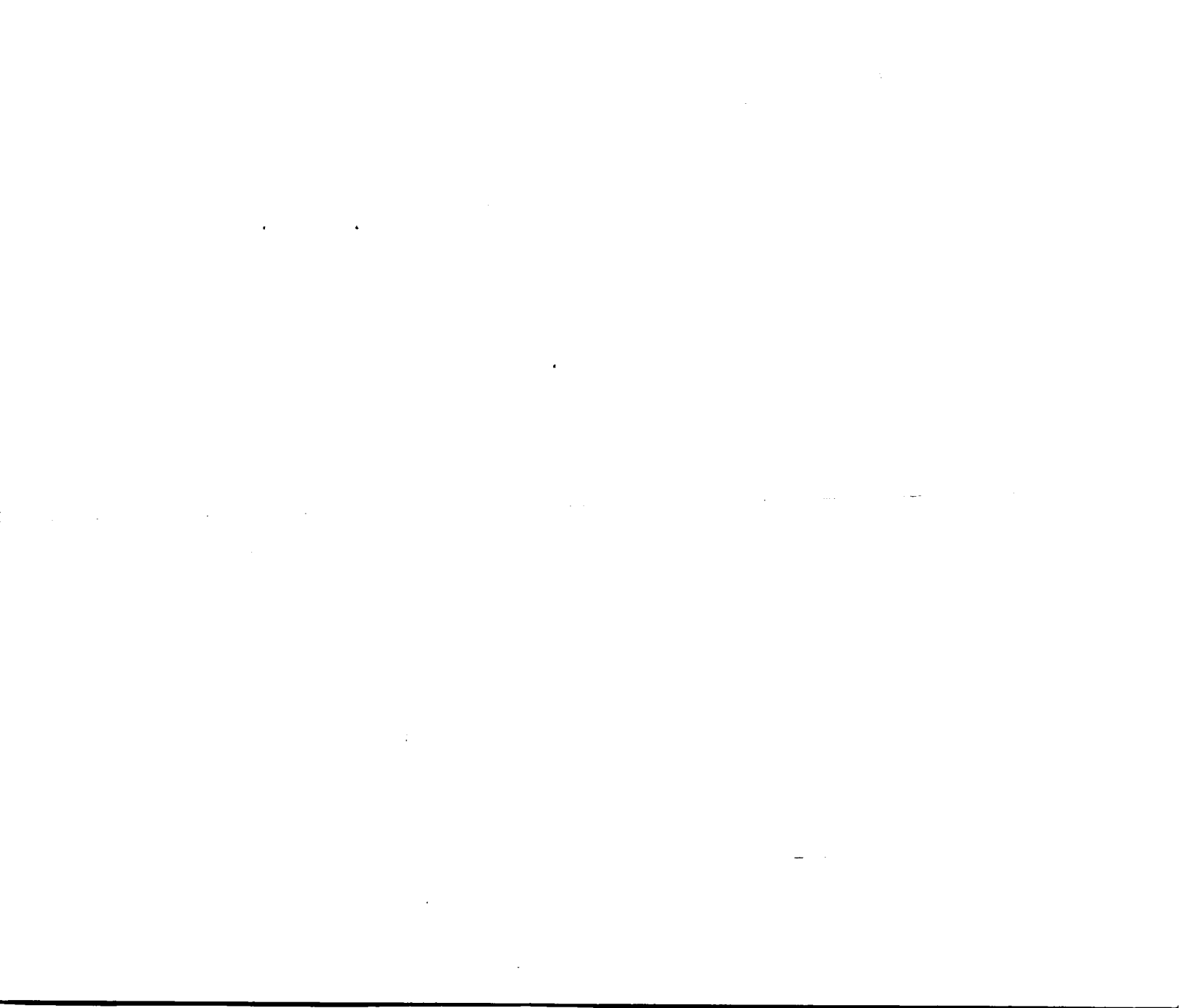
State of Idaho

State File No. 005

Local Reg. No. 3

Reg. Dist. No. 220

1. PLACE OF STILLBIRTH a. COUNTY <b>Latah</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Latah</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moscow</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moscow</b>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Gritman Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>809 E. 8th St.</b>	
3. CHILD'S NAME (Type or Print) <b>Alice Warnick</b>			
4. SEX <b>Female</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <b>Jan 8 1956</b>
7. FATHER'S NAME a. (First) <b>Calvin</b> b. (Middle) <b>C.</b> c. (Last) <b>Warnick</b>		8. COLOR OR RACE <b>White</b>	
9. AGE (At time of this birth) <b>35</b> YEARS	10. BIRTHPLACE (State or foreign country) <b>Utah</b>	11a. USUAL OCCUPATION <b>Teacher</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>University</b>
12. MOTHER'S MAIDEN NAME a. (First) <b>Kathleen</b> b. (Middle) <b>Orr</b> c. (Last) <b>Orr</b>		13. COLOR OR RACE <b>White</b>	
14. AGE (At time of this birth) <b>33</b> YEARS	15. BIRTHPLACE (State or foreign country) <b>Idaho</b>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <b>1</b> b. How many children were born alive but are now dead? <b>0</b> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b>	
17. INFORMANT <b>Calvin Warnick</b>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <b>None</b>	
		20b. MATERNAL CAUSES <b>Cord entanglement</b>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>6:49 a. m.</b>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <b>Lakle J. Stephens</b>	
		23b. DATE SIGNED <b>1-27-56</b>	
23c. ATTENDANT'S ADDRESS <b>Merced</b>		24. SIGNATURE OF AUTHORIZED OFFICIAL IF NOT attended by physician <b>David R. Tate</b>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	25b. DATE <b>1-9-1956</b>	25c. NAME OF CEMETERY OR CREMATORY <b>Moscow Cemetery</b>	25d. LOCATION (City, town, or county) (State) <b>Moscow Idaho</b>
DATE REC'D BY LOCAL REG. <b>2/2/56</b>	REGISTRAR'S SIGNATURE <b>Louis E. Angel</b>	26. FUNERAL DIRECTOR ADDRESS <b>David R. Tate Moscow, Idaho</b>	



RECEIVED (1949 Revision of Standard Certificate)

JAN 24 1956  
CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 006

Local Reg. No. 3

Reg. Dist. No. 452

1. PLACE OF STILLBIRTH a. COUNTY <u>Minidoka</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Minidoka</u>	
b. CITY OR TOWN <u>Reupert</u>		c. CITY OR TOWN <u>Reupert</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Reupert General Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>813-6th St.</u>	
3. CHILD'S NAME (Type or Print) <u>Jane Francisca Garatea</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Jan 13 1956</u>
7. FATHER'S NAME a. (First) <u>Carmelo</u> b. (Middle) <u>Garatea</u> c. (Last) <u>Garatea</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>40</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>mt Home Idaho</u>	11a. USUAL OCCUPATION <u>Livestock</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Norma</u> b. (Middle) <u>Francis</u> c. (Last) <u>Reyes</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>33</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Reupert Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Carmelo Garatea</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Placental separation</u> 20b. MATERNAL CAUSES <u>12 to 18 hrs before birth</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Full term</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>William M.D.</u>		23b. DATE SIGNED <u>1-23-56</u>
	23c. ATTENDANT'S ADDRESS	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	25b. DATE <u>Jan 14 1956</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Reupert Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Reupert Idaho</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <u>Mary Ellen Carson</u>	26. FUNERAL DIRECTOR <u>Robert B. Goodman</u>	ADDRESS <u>Reupert Idaho</u>





(1949 Revision of Standard Certificate)

## RECEIVED CERTIFICATE OF STILLBIRTH

State of Idaho

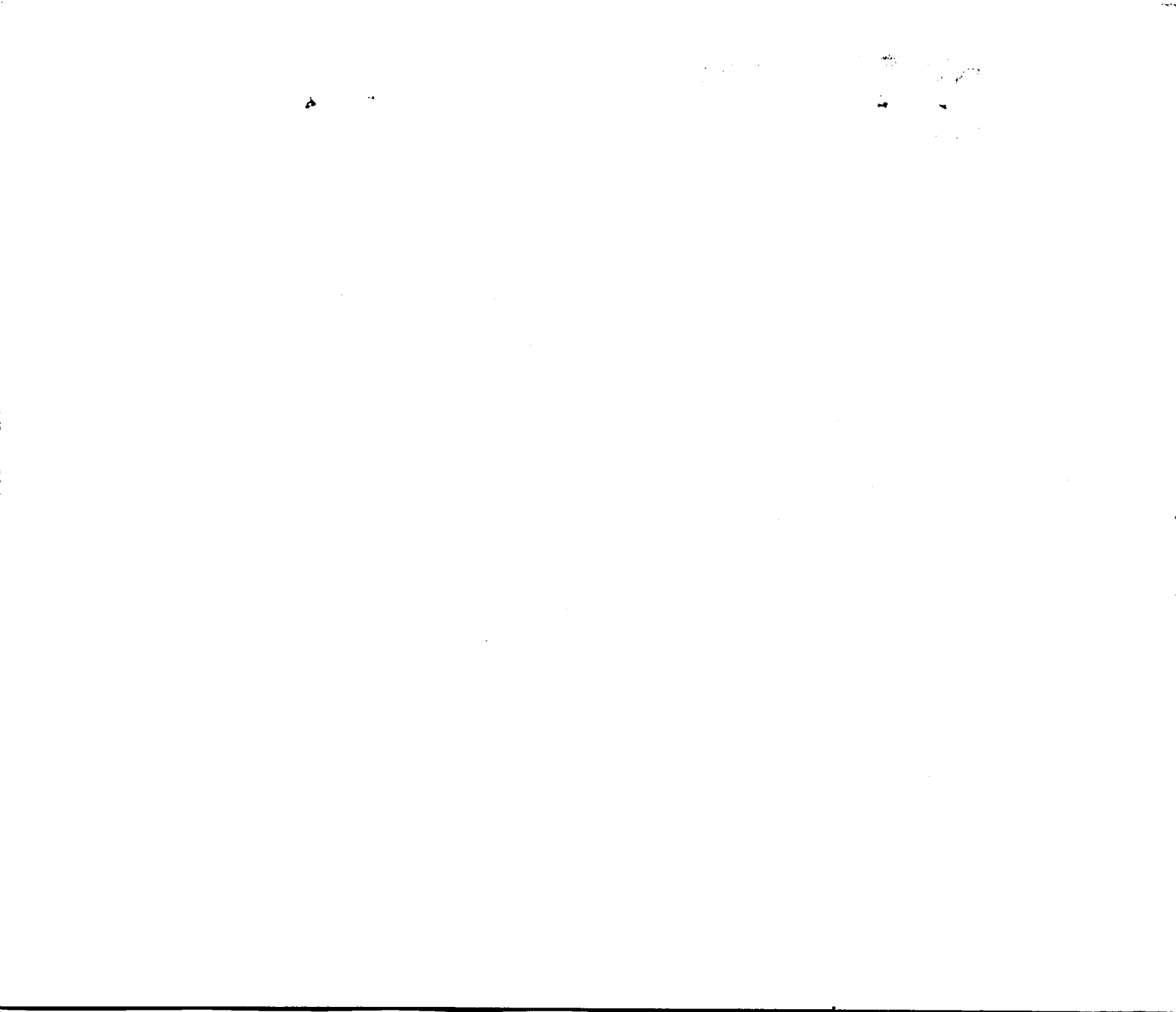
State File No. 007

Local Reg. No.

Reg. Dist. No. 172

FEB 6 1956

1. PLACE OF STILLBIRTH a. COUNTY <i>Shoshone</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY <i>Shoshone</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kellogg</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kellogg</i>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Clarke's Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>516 N Elm</i>	
3. CHILD'S NAME (Type or Print) <i>Infant Boy Day</i>			
4. SEX <i>Male</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>January 16, 1956</i>
7. FATHER'S NAME a. (First) <i>Thomas</i> b. (Middle) <i>W</i> c. (Last) <i>Day</i>		8. COLOR OR RACE <i>White</i>	
9. AGE (At time of this birth) <i>35</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Birmingham</i>	11a. USUAL OCCUPATION <i>mining</i>	11b. KIND OF BUSINESS OR INDUSTRY <i>mining</i>
12. MOTHER'S MAIDEN NAME a. (First) <i>HANE</i> b. (Middle) <i>HARRIS</i> c. (Last) <i>Day</i>		13. COLOR OR RACE <i>White</i>	
14. AGE (At time of this birth) <i>35</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Warren Idaho</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>2</i> b. How many children were born alive but are now dead? <i>None</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>None</i>	
17. INFORMANT <i>Thomas Day</i>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Protracted Cord.</i>	
		20b. MATERNAL CAUSES <i>Polyhydramnios &amp; Breech Presentation</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>See above.</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>Breech delivery.</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <i>5:00 A. m.</i>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Wm M. Whitel</i>	
23b. DATE SIGNED <i>25 Jan 56</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>John M. [Signature]</i>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		25b. DATE <i>January 18, 1956</i>	
25c. NAME OF CEMETERY OR CREMATORY <i>Greenwood</i>		25d. LOCATION (City, town, or county) (State) <i>Kellogg Idaho</i>	
DATE REC'D BY LOCAL REG. <i>1/30/56</i>		26. FUNERAL DIRECTOR <i>John M. [Signature]</i>	

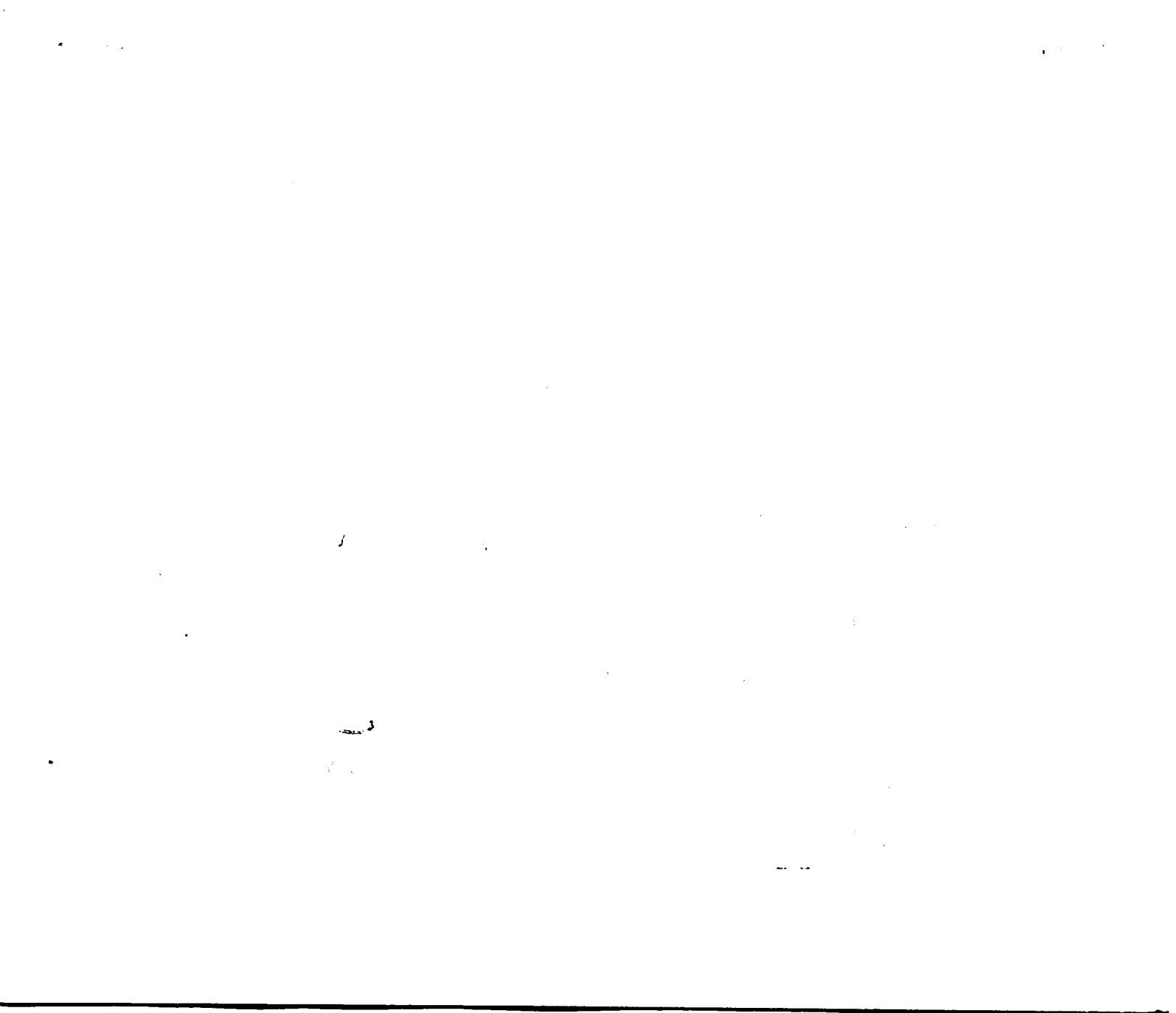


**RECEIVED**  
JAN 27 1956

(1949 Revision of Standard Certificate)  
**CERTIFICATE OF STILLBIRTH**  
State of Idaho

008  
State File No. ....  
Local Reg. No. 008  
Reg. Dist. No. 408

1. PLACE OF STILLBIRTH (For Statistics) a. COUNTY <u>Twin Falls</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Twin Falls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buhl</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Magic Valley Memorial</u>		d. STREET ADDRESS (If rural, give location) <u>R#4</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Boy Reed</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>1 8 56</u>
7. FATHER'S NAME a. (First) <u>William</u>		b. (Middle)	c. (Last) <u>Reed</u>
9. AGE (At time of this birth) <u>23</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11a. USUAL OCCUPATION <u>Butcher</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Fruit Farm</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Harriet</u>		b. (Middle) <u>Maxine</u>	c. (Last) <u>Finney</u>
14. AGE (At time of this birth) <u>22</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT			
18a. LENGTH OF PREGNANCY <u>38</u> WEEKS	18b. WEIGHT AT BIRTH <u>1</u> LBS. <u>14</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Fetal death at 22 weeks,</u> 20b. MATERNAL CAUSES <u>Fibrinoid degeneration of Placenta</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>11549</u> m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>M. D.</u>	
23b. ATTENDANT'S ADDRESS <u>Filer, Idaho</u>		23c. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>1-8-56</u>		25b. DATE <u>1-8-56</u>	
25c. NAME OF CEMETERY OR CREMATORY <u>Magic Valley Memorial Hospital</u>		25d. LOCATION (City, town, or county) (State) <u>Twin Falls, Idaho</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>JAN 18 1956</u>		26. FUNERAL DIRECTOR ADDRESS <u>T. F. Idaho</u>	



(1949 Revision of Standard Certificate)

## CERTIFICATE OF STILLBIRTH

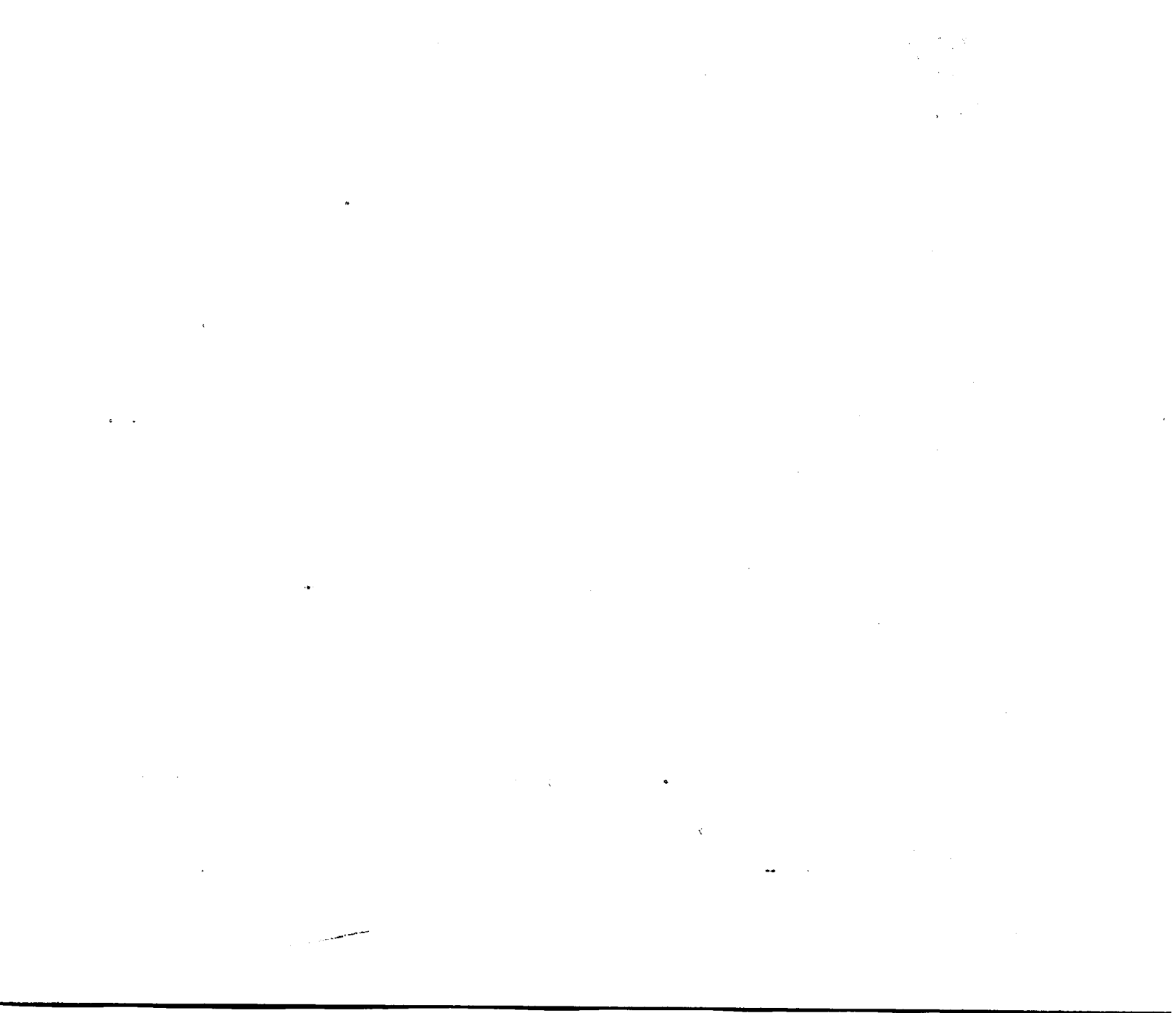
State of Idaho

State File No. 009

Local Reg. No. 015

Reg. Dist. No. 460

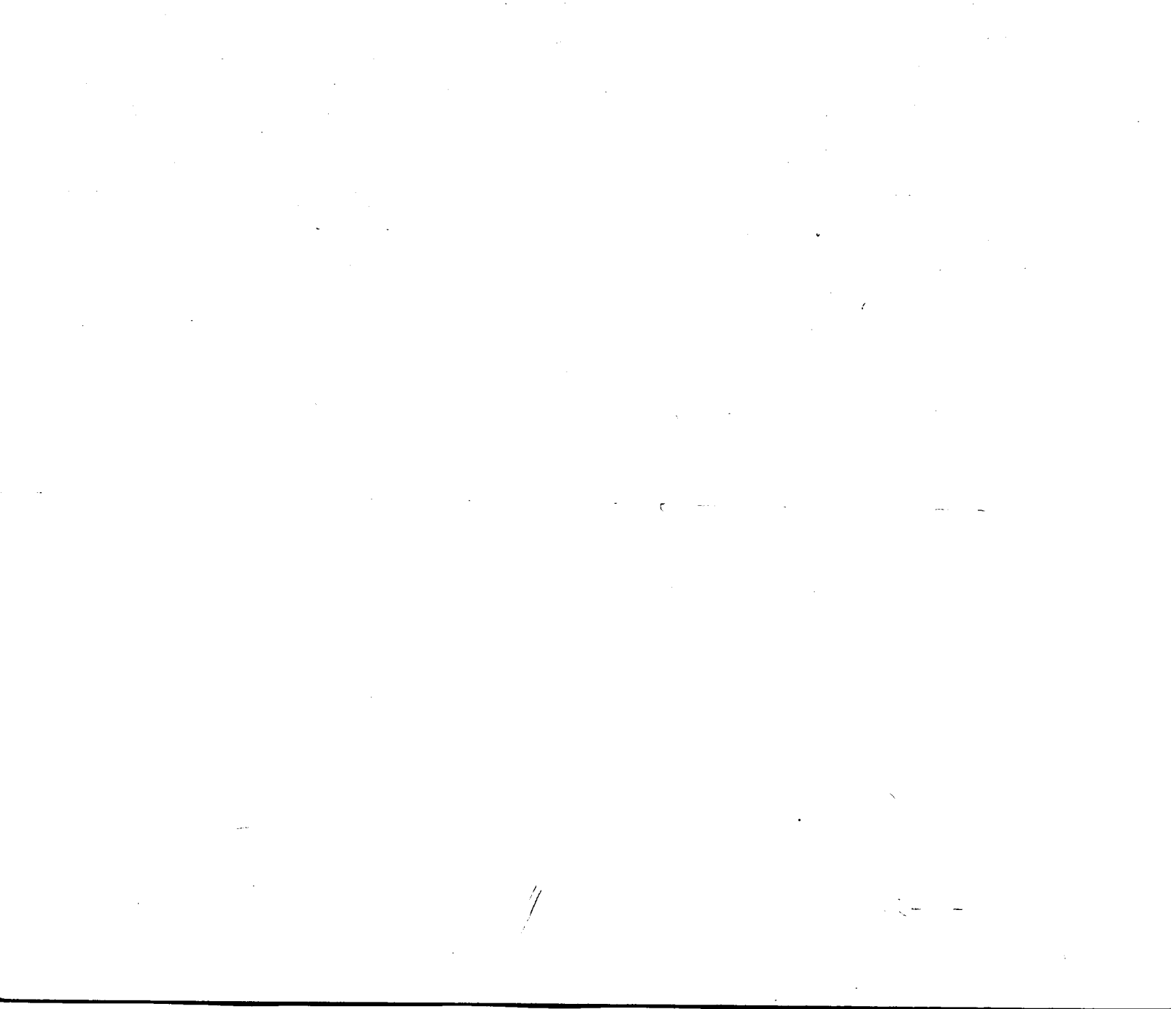
1. PLACE OF STILLBIRTH a. COUNTY <b>Twin Falls</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Twin Falls</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Twin Falls</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Twin Falls</b>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Magic Valley Memorial Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>443 1/2 2nd Avenue North</b>	
3. CHILD'S NAME (Type or Print) <b>Baby Girl Tilson</b>			
4. SEX <b>Female</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <b>Jany. 12 1956</b>
7. FATHER'S NAME a. (First) <b>Howard</b> b. (Middle) <b>Lewis</b> c. (Last) <b>Tilson</b>		8. COLOR OR RACE <b>White</b>	
9. AGE (At time of this birth) <b>19</b> YEARS	10. BIRTHPLACE (State or foreign country) <b>Missouri</b>	11a. USUAL OCCUPATION <b>Service Man</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>Television-C.C.Anderson</b>
12. MOTHER'S MAIDEN NAME a. (First) <b>Virginia</b> b. (Middle) <b>Ann</b> c. (Last) <b>Thompson</b>		13. COLOR OR RACE <b>White</b>	
14. AGE (At time of this birth) <b>18</b> YEARS	15. BIRTHPLACE (State or foreign country) <b>Idaho</b>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <b>None</b> b. How many children were born alive but are now dead? <b>None</b> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>None</b>	
17. INFORMANT <b>Howard Tilson</b>			
18a. LENGTH OF PREG-NANCY <b>25</b> WEEKS	18b. WEIGHT AT BIRTH LBS. <b>0ZS.</b>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Approximate date</b>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <b>Strangulation of Umbilical Cord about fetal abdomen</b>	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <b>None</b>		22. STATE ALL OPERATIONS FOR DELIVERY <b>None</b>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <b>Ivan A. Anderson M.D.</b>	
23b. DATE SIGNED <b>1-12-56</b>		24. SIGNATURE OF AUTHORIZED OFFICIAL <b>Filer, Idaho</b>	
25a. CREMA-TION (Specify)	25b. DATE <b>1-12-56</b>	25c. NAME OF CEMETERY OR CREMATORY <b>Magic Valley Memorial Hospital</b>	25d. LOCATION (City, town, or county) (State) <b>Twin Falls, Idaho</b>
DATE REC'D BY LOCAL REG. <b>JAN 25 1956</b>	REGISTRAR'S SIGNATURE <b>Lenora O. Laman</b>	26. FUNERAL DIRECTOR <b>Woodson Creed</b>	ADDRESS



RECEIVED (1949 Revision of Standard Certificate)  
JAN 30 1956 CERTIFICATE OF STILLBIRTH  
State of Idaho  
Division of Vital Statistics

State File No. 010  
Local Reg. No. One  
Reg. Dist. No. 320

1. PLACE OF STILLBIRTH a. COUNTY Washington		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cambridge		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cambridge	
c. FULL NAME OF HOSPITAL OR INSTITUTION Gen. Del.		d. STREET ADDRESS (If rural, give location) Gen. Del.	
3. CHILD'S NAME (Type or Print) INFANT BOY SHAW			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Jan. 11, 1956
7. FATHER'S NAME a. (First) Harold b. (Middle) H. c. (Last) Shaw		8. COLOR OR RACE White	
9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) Heppner, Oregon	11a. USUAL OCCUPATION Mechanic	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Ione b. (Middle) L c. (Last) Cunningham		13. COLOR OR RACE White	
14. AGE (At time of this birth) 18 YEARS	15. BIRTHPLACE (State or foreign country) Cambridge, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 00 b. How many children were born alive but are now dead? 00 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 00	
17. INFORMANT Harold L. Shaw			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 7 LBS. 9 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No. <u>X</u> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES		
	20b. MATERNAL CAUSES		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR NONE		22. STATE ALL OPERATIONS FOR DELIVERY NONE	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:25 m.	23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Bertha V. Cunningham, midwife		23b. DATE SIGNED 12/11/56
	23c. ATTENDANT'S ADDRESS CAMBRIDGE IDAHO	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE 12/11/56	25c. NAME OF CEMETERY OR CREMATORY CAMBRIDGE CEMETERY	25d. LOCATION (City, town, or county) (State) CAMBRIDGE, WASHINGTON, IDAHO
DATE REC'D BY LOCAL REG. 1-11-56	REGISTRAR'S SIGNATURE Marie Hawthorn		26. FUNERAL DIRECTOR K. Lee Thomson ADDRESS Weiser, Idaho

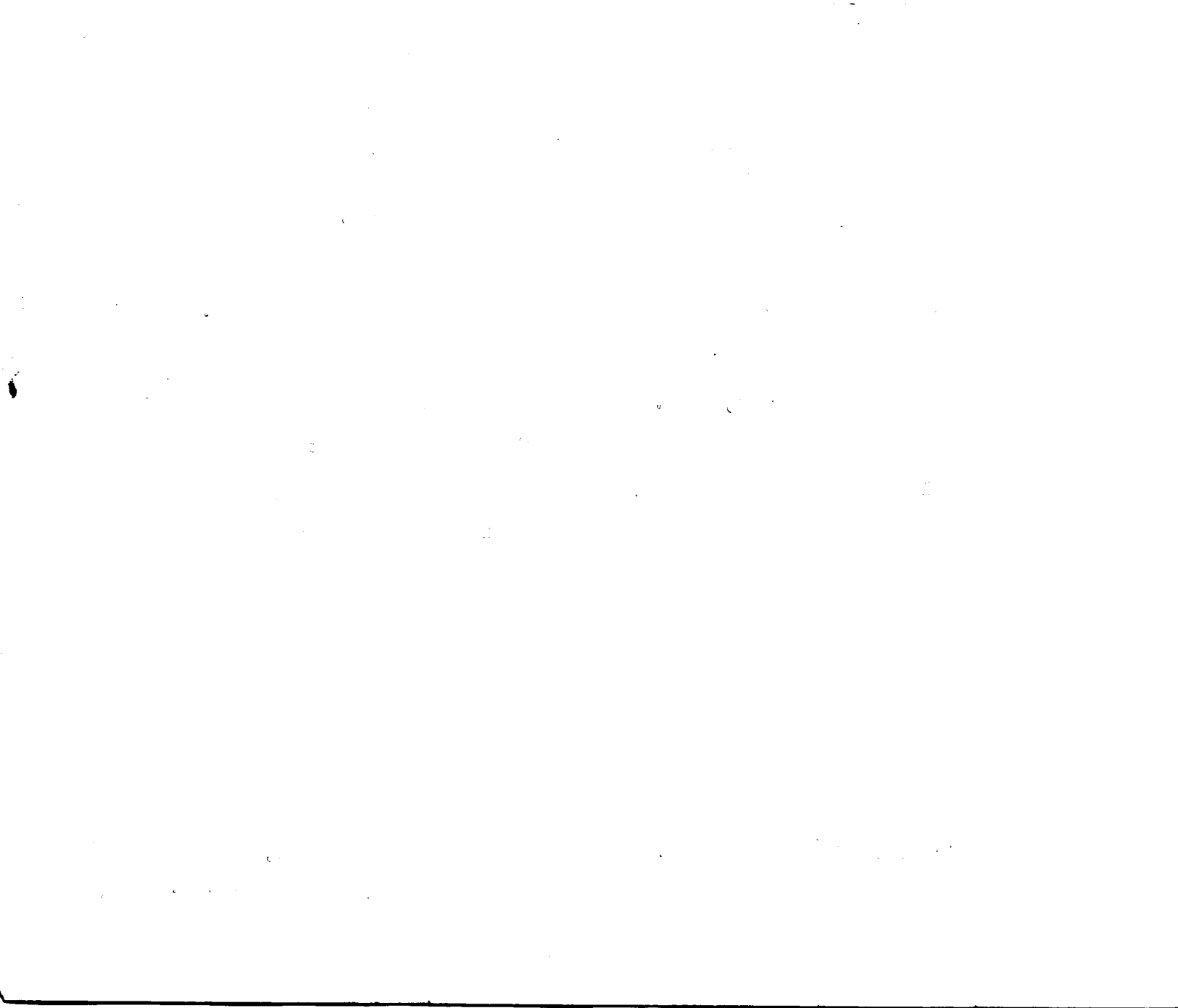




(1949 Revision of Standard Certificate)  
**RECEIVED**  
**CERTIFICATE OF STILLBIRTH**  
**State of Idaho**  
**MAR 12 1956**

State File No. 011  
Local Reg. No. 67  
Reg. Dist. No. 370

<b>1. PLACE OF STILLBIRTH:</b> a. COUNTY <b>Ada</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Boise</b> c. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Alphonsus Hospital</b>			<b>2. USUAL RESIDENCE OF MOTHER (Where does mother live?)</b> a. STATE <b>Idaho</b> b. COUNTY <b>Ada</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Boise</b> d. STREET ADDRESS (If rural, give location) <b>2320 S. Atlantic</b>		
<b>3. CHILD'S NAME</b> ((Type or Print)) <b>BABY GIRL POTTER</b>					
<b>4. SEX</b> <b>Female</b>		<b>5a. THIS BIRTH</b> SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		<b>5b. IF TWIN OR TRIPLET (This child born)</b> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	
<b>6. DATE OF STILLBIRTH</b> (Month) (Day) (Year) <b>Feb. 20 1956</b>					
<b>7. FATHER'S NAME</b> a. (First) <b>Alfonso</b> b. (Middle) <b>Allen</b> c. (Last) <b>Potter</b>			<b>8. COLOR OR RACE</b> <b>White</b>		
<b>9. AGE (At time of this birth)</b> <b>40</b> YEARS		<b>10. BIRTHPLACE (State or foreign country)</b> <b>Warren, Mass.</b>		<b>11a. USUAL OCCUPATION</b> <b>Machinist</b>	
<b>11b. KIND OF BUSINESS OR INDUSTRY</b> <b>Baxter Foundry</b>					
<b>12. MOTHER'S MAIDEN NAME</b> a. (First) <b>Ruth</b> b. (Middle) <b>(NMI)</b> c. (Last) <b>Lawrence</b>			<b>13. COLOR OR RACE</b> <b>White</b>		
<b>14. AGE (At time of this birth)</b> <b>41</b> YEARS		<b>15. BIRTHPLACE (State or foreign country)</b> <b>Gardner, Mass.</b>		<b>16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)</b> a. How many children are now living? <b>2</b> b. How many children were born alive but are now dead? <b>None</b> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>None</b>	
<b>17. INFORMANT</b> <b>Alfonso A. Potter</b>					
<b>18a. LENGTH OF PREGNANCY</b> WEEKS		<b>18b. WEIGHT AT BIRTH</b> LBS. OZS.		<b>19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b> Approximate date <b>August 1955</b>	
<b>CAUSE OF STILLBIRTH</b> State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <b>20a. FETAL CAUSES</b> <b>Post-nature syndrome.</b> <b>20b. MATERNAL CAUSES</b> <b>None</b>					
<b>21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR</b> <b>None</b>			<b>22. STATE ALL OPERATIONS FOR DELIVERY</b> <b>None</b>		
<b>I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.</b>			<b>23a. ATTENDANT'S SIGNATURE</b> (Specify if M. D., midwife, or other) <b>Harold B. Hulme, M.D.</b>		<b>23b. DATE SIGNED</b> <b>25 Feb. 1956</b>
<b>23c. ATTENDANT'S ADDRESS</b> <b>Boise</b>			<b>24. SIGNATURE OF AUTHORIZED OFFICIAL</b> <b>Robert H. Dickel</b>		<b>TITLE</b> <b>Boise, Idaho</b>
<b>25a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Disposal</b>		<b>25b. DATE</b> <b>2/21/56</b>		<b>25c. NAME OF CEMETERY OR CREMATORY</b> <b>St. Alphonsus Hospital</b>	
<b>25d. LOCATION (City, town, or county) (State)</b> <b>Boise, Idaho</b>					
<b>DATE REC'D BY LOCAL REG.</b> <b>2-2-56</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Myrtle Palmer</b>		<b>26. FUNERAL DIRECTOR RELYEA MORTUARY ADDRESS</b> <b>418 N. Latah Boise, Idaho</b>	

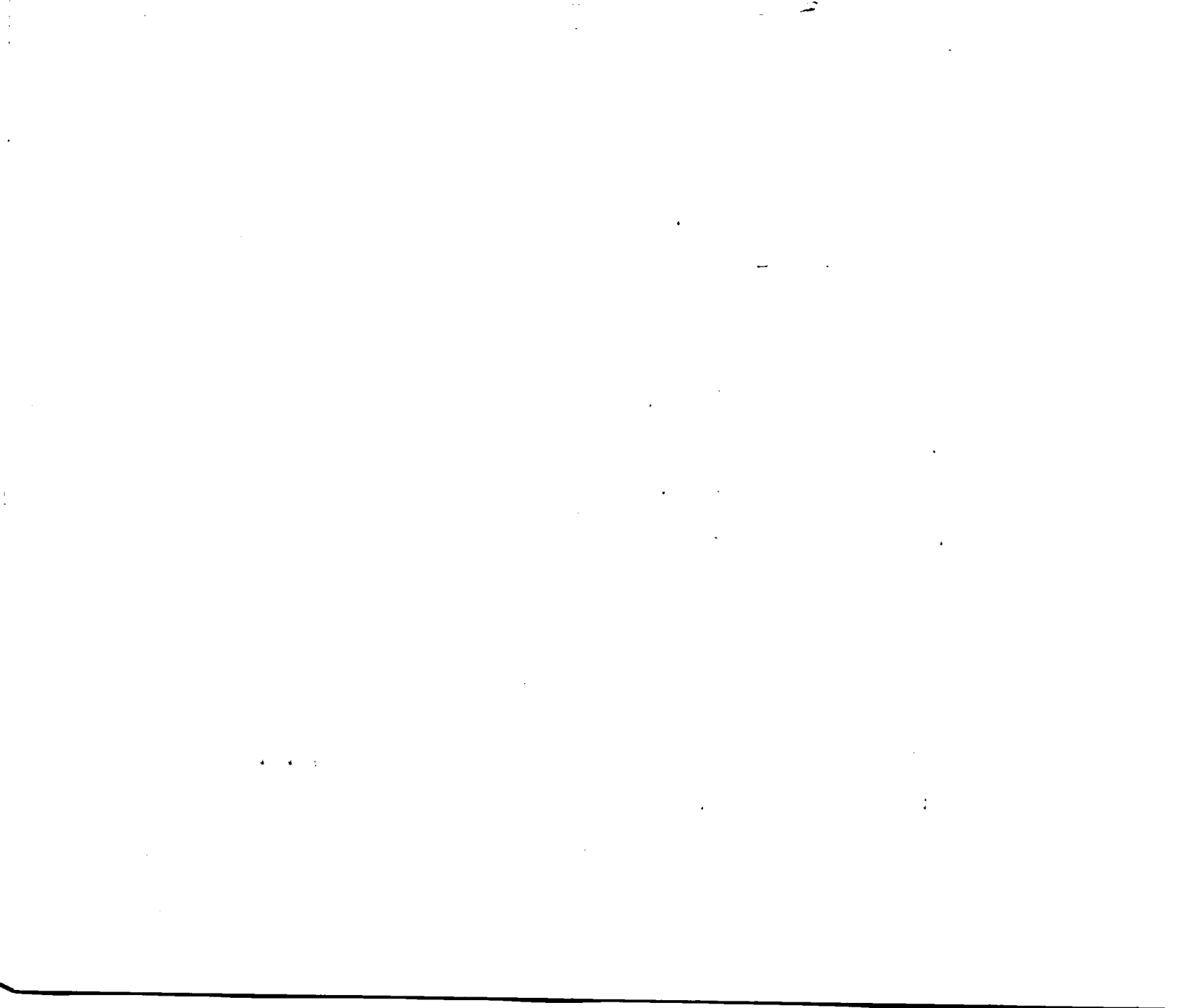


**RECEIVED****MAR 19 1956****CERTIFICATE OF STILLBIRTH**

State of Idaho

State File No. **012**Local Reg. No. **7**Reg. Dist. No. **300**

1. PLACE OF STILLBIRTH a. COUNTY <b>Adams</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Valley</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Council</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Donnelly</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Community Hosp.</b>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <b>Rogers</b>			
4. SEX <input checked="" type="checkbox"/> Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <b>1/17/56</b>
7. FATHER'S NAME a. (First) <b>Wallace</b> b. (Middle) <b>Carlyle</b> c. (Last) <b>Rogers</b>		8. COLOR OR RACE <b>wh</b>	
9. AGE (At time of this birth) <b>37</b> YEARS	10. BIRTHPLACE (State or foreign country) <b>Nichols So. Carolina</b>	11a. USUAL OCCUPATION <b>Janitor</b>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <b>Shirley</b> b. (Middle) <b>Marie</b> c. (Last) <b>Whitney</b>		13. COLOR OR RACE <b>wh</b>	
14. AGE (At time of this birth) <b>35</b> YEARS	15. BIRTHPLACE (State or foreign country) <b>Steel, No. Dakota</b>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <b>4</b> b. How many children were born alive but are now dead? <b>0</b> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b>	
17. INFORMANT <b>Mrs. Shirley Rogers-mother</b>			
18a. LENGTH OF PREGNANCY <b>full term</b> WEEKS	18b. WEIGHT AT BIRTH <b>9</b> LBS. <b>6</b> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <b>July 1955</b>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <b>None</b>		
	20b. MATERNAL CAUSES <b>None</b>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <b>Strangulation by umbilical cord</b>		22. STATE ALL OPERATIONS FOR DELIVERY <b>Episiotomy &amp; repair</b>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>8:42 a.m.</b>	23a. ATTENDANT'S SIGNATURE <b>E. Eugene</b>		23b. DATE SIGNED <b>1/21/56</b>
	23c. ATTENDANT'S ADDRESS <b>McCall, Idaho</b>		24. SIGNATURE OF AUTHORIZED OFFICIAL <b>W.C. Rogers (Father)</b>
25a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	25b. DATE <b>1/17/56</b>	25c. NAME OF CEMETERY OR CREMATORY <b>Community Cemetery</b>	25d. LOCATION (City, town, or county) (State) <b>Roseberry-Valley - Idaho</b>
DATE REC'D BY LOCAL REG. <b>2-28-56</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>		26. FUNERAL DIRECTOR <b>W.C. Rogers (Father) Donnelly, Idaho</b>



**RECEIVED**

**MAR 13 1956**

(1949 Revision of Standard Certificate)  
**CERTIFICATE OF STILLBIRTH**  
**State of Idaho**

State File No. **013**  
Local Reg. No. **70**  
Reg. Dist. No. **510**

1. PLACE OF BIRTH (If in hospital, give name of hospital or institution) a. COUNTY <b>Bannock</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Pocatello</b> c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bannock Memorial Hospital</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Bannock</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Pocatello</b> d. STREET ADDRESS (If rural, give location) <b>471 Park</b>	
3. CHILD'S NAME (Type or Print) <b>BABY BOY HIGGINS</b>			
4. SEX <b>Male</b>	5a. THIS BIRTH <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <b>January 26, 1956</b>
7. FATHER'S NAME a. (First) <b>Archie</b> b. (Middle) <b>Higgins, Jr.</b> c. (Last) <b>White</b>		8. COLOR OR RACE <b>White</b>	
9. AGE (At time of this birth) <b>21</b> YEARS	10. BIRTHPLACE (State or foreign country) <b>West Port, Maine</b>	11a. USUAL OCCUPATION <b>Laborer</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>P. F. E.</b>
12. MOTHER'S MAIDEN NAME a. (First) <b>Deanna</b> b. (Middle) <b>Dorothy</b> c. (Last) <b>Mitton</b>		13. COLOR OR RACE <b>White</b>	
14. AGE (At time of this birth) <b>18</b> YEARS	15. BIRTHPLACE (State or foreign country) <b>Pocatello, Idaho</b>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <b>None</b> b. How many children were born alive but are now dead? <b>None</b> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>None</b>	
17. INFORMANT <b>Deanna Dorothy Higgins</b>			
18a. LENGTH OF PREGNANCY <b>40</b> WEEKS	18b. WEIGHT AT BIRTH <b>not lbs. done</b>	19. Was a standard serological test for syphilis performed? Yes... <input checked="" type="checkbox"/> ... No... <input type="checkbox"/> ... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <b>Hydrocephalus.</b> 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>5:44 P. m.</b>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <b>George J. Cox M.D.</b> 23b. DATE SIGNED <b>2/15/56</b> 23c. ATTENDANT'S ADDRESS <b>Pocatello</b> If NOT attended by physician	
24. SIGNATURE OF AUTHORIZED OFFICIAL <b>Allen J. Manning</b>		TITLE <b>Idaho</b>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	25b. DATE <b>JAN 28, 1956</b>	25c. NAME OF CEMETERY OR CREMATORY <b>Mountain View Cemetery</b>	25d. LOCATION (City, town, or county) (State) <b>Pocatello Idaho</b>
DATE REC'D BY LOCAL REG. <b>3-7-56</b>	REGISTRAR'S SIGNATURE <b>Erwin Wallin</b>	26. FUNERAL DIRECTOR ADDRESS <b>Allen J. Manning, Pocatello, Idaho</b>	

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12-11-68

## RECEIVED CERTIFICATE OF STILLBIRTH

MAR 7 1956

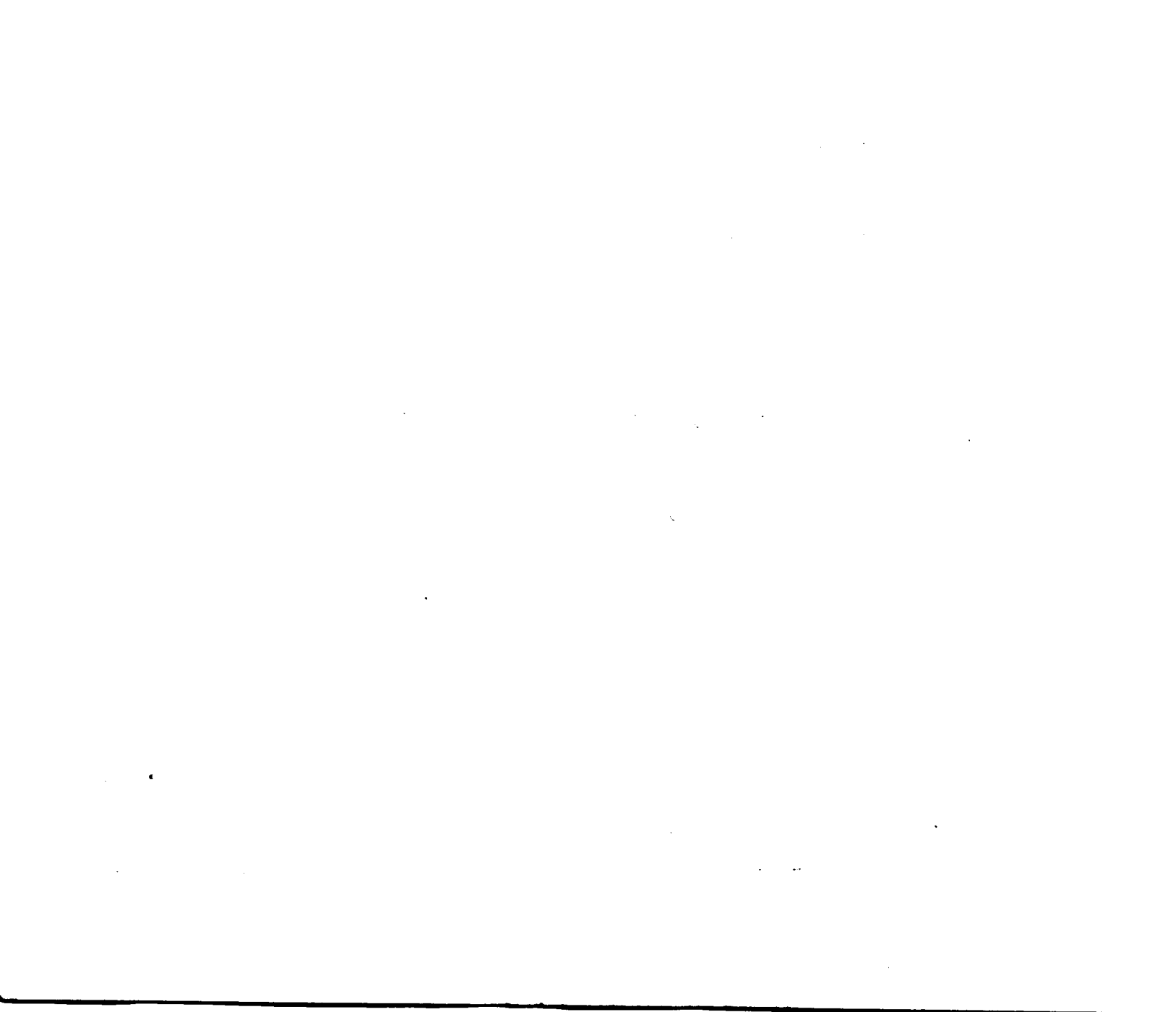
State of Idaho

State File No. 014

Local Reg. No. 22

Reg. Dist. No. 600

1. PLACE OF STILLBIRTH a. COUNTY <b>Bingham</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Bingham</b>	
b. CITY OR TOWN <b>Blackfoot</b>		c. CITY OR TOWN <b>Blackfoot</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bingham Memorial Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Box 136</b>	
3. CHILD'S NAME (Type or Print)			
4. SEX <b>Male</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <b>February 25, 1956</b>
7. FATHER'S NAME a. (First) <b>James</b> b. (Middle) <b>Zebulon</b> c. (Last) <b>Deuel</b>		8. COLOR OR RACE <b>White</b>	
9. AGE (At time of this birth) <b>43</b> YEARS	10. BIRTHPLACE (State or foreign country) <b>Harrison, Nebraska</b>	11a. USUAL OCCUPATION <b>Trucker</b>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <b>Amelia</b> b. (Middle) <b>Otense</b> c. (Last) <b>Lake</b>		13. COLOR OR RACE <b>White</b>	
14. AGE (At time of this birth) <b>41</b> YEARS	15. BIRTHPLACE (State or foreign country) <b>Central, Idaho</b>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <b>One</b> b. How many children were born alive but are now dead? <b>One</b> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>None</b>	
17. INFORMANT <b>Clerk</b>			
18a. LENGTH OF PREGNANCY <b>26</b> WEEKS	18b. WEIGHT AT BIRTH <b>? LBS. ? OZS.</b>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <b>October</b>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <b>Not Known</b>	
		20b. MATERNAL CAUSES <b>Not Known</b>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <b>None</b>		22. STATE ALL OPERATIONS FOR DELIVERY <b>None</b>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>2:20 A.m.</b>	23a. ATTENDANT'S SIGNATURE <i>[Signature]</i>		23b. DATE SIGNED <b>Feb. 27, 1956</b>
	23c. ATTENDANT'S ADDRESS <b>Blackfoot, Idaho</b>		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>[Signature]</i> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	25b. DATE <b>2-25-56</b>	25c. NAME OF CEMETERY OR CREMATORY <b>Bingham Memorial Hospital</b>	25d. LOCATION (City, town, or county) (State) <b>Box 751, Blackfoot, Idaho</b>
DATE REC'D BY LOCAL REG. <b>Feb. 29, 1956</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>		26. FUNERAL DIRECTOR (Acting) ADDRESS <b>Blackfoot, Idaho</b>





**RECEIVED**

(1949 Revision of Standard Certificate)

**MAR 13 1956**

State of Idaho

State File No. 015Local Reg. No. 47Reg. Dist. No. 612

1. PLACE OF STILLBIRTH a. COUNTY <b>Bonneville</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Bonneville</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Idaho Falls</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Idaho Falls</b>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>LDS Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>205 Alpine Dr.</b>	
3. CHILD'S NAME (Type or Print) <b>Baby Girl Harrison</b>			
4. SEX <b>Female</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <b>Feb. 21, 1956</b>
7. FATHER'S NAME a. (First) <b>Stanley</b> b. (Middle) <b>Eugene</b> c. (Last) <b>Harrison</b>		8. COLOR OR RACE <b>White</b>	
9. AGE (At time of this birth) <b>32</b> YEARS	10. BIRTHPLACE (State or foreign country) <b>Idaho</b>	11a. USUAL OCCUPATION <b>Teacher</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>School</b>
12. MOTHER'S MAIDEN NAME a. (First) <b>GarFaye</b> b. (Middle) c. (Last) <b>Peterson</b>		13. COLOR OR RACE <b>White</b>	
14. AGE (At time of this birth) <b>29</b> YEARS	15. BIRTHPLACE (State or foreign country) <b>Idaho</b>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <b>4</b> b. How many children were born alive but are now dead? <b>0</b> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b>	
17. INFORMANT <b>Stanley E. Harrison</b>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <b>Sept. 1955</b>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <b>Choked Cord -</b> 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <b>none</b>		22. STATE ALL OPERATIONS FOR DELIVERY <b>none</b>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>5:30 P. m.</b>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <b>J. L. Hall, M. D.</b> 23c. ATTENDANT'S ADDRESS <b>Regby Idaho</b>	
		23b. DATE SIGNED <b>2/27/56</b> 24. SIGNATURE OF AUTHORIZED OFFICIAL <b>Jack A. Wood, Jr.</b> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	25b. DATE <b>2/23/56</b>	25c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill Cemetery</b>	25d. LOCATION (City, town, or county) (State) <b>Idaho Falls, Idaho</b>
DATE REC'D BY LOCAL REG. <b>March 12 - 1956</b>	REGISTRAR'S SIGNATURE <b>Anna Budger</b>	26. FUNERAL DIRECTOR <b>Jack A. Wood, Jr.</b> ADDRESS <b>Idaho Falls, Idaho</b>	

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RECEIVED

(1949 Revision of Standard Certificate)

## CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 016

Local Reg. No. 690

Reg. Dist. No.

## 1. PLACE OF STILLBIRTH

a. COUNTY

Lemhi

b. CITY (If outside corporate limits, write RURAL and give township)

OR  
TOWN Salmon

c. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR  
INSTITUTION Steele Memorial Hosp.

## 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE Idaho

b. COUNTY Lemhi

c. CITY (If outside corporate limits, write RURAL and give township)

OR  
TOWN Salmon

d. STREET ADDRESS (If rural, give location)

## 3. CHILD'S NAME

(Type or Print)

Baby Girl Bohannon

## 4. SEX

Female

## 5a. THIS BIRTH

SINGLE ☒TWIN ☐TRIPLET ☐

## 5b. IF TWIN OR TRIPLET (This child born)

1ST ☐2ND ☐3RD ☐

## 6. DATE OF STILLBIRTH (Month) (Day) (Year)

Feb. 19, 1956

## 7. FATHER'S NAME

a. (First)

Oscar

b. (Middle)

Bohannon

c. (Last)

## 8. COLOR OR RACE

White

## 9. AGE (At time of this birth)

53

YEARS

## 10. BIRTHPLACE (State or foreign country)

Salmon, Idaho

## 11a. USUAL OCCUPATION

unemployed

## 11b. KIND OF BUSINESS OR INDUSTRY

laborer

## 12. MOTHER'S MAIDEN NAME

a. (First)

Adellia

b. (Middle)

Lund

c. (Last)

## 13. COLOR OR RACE

White

## 14. AGE (At time of this birth)

40

YEARS

## 15. BIRTHPLACE (State or foreign country)

Salmon, Idaho

## 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

7

b. How many children were born alive but are now dead?

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

2

## 17. INFORMANT

Oscar Bohannon

## 18a. LENGTH OF PREGNANCY

41

WEEKS

## 18b. WEIGHT AT BIRTH

7

LBS. 8 OZS.

19. Was a standard serological test for syphilis performed? Yes ☒ No ☐

Approximate date

## CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

## 20a. FETAL CAUSES

Abruptio placenta

## 20b. MATERNAL CAUSES

No

## 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

No

## 22. STATE ALL OPERATIONS FOR DELIVERY

Low forceps

I hereby certify that I attended the birth of this child who was born dead on the date stated above at \_\_\_\_\_ m.

## 23a. ATTENDANT'S SIGNATURE

Roy Johnson

(Specify if M.D., midwife, or other)

M.D.

## 23b. DATE SIGNED

2-22-56

## 24. ATTENDANT'S ADDRESS

Salmon, Idaho

If NOT attended by physician

## 24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

## 25a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 25b. DATE

2-21-56

## 25c. NAME OF CEMETERY OR CREMATORY

Salmon

## 25d. LOCATION (City, town, or county)

Salmon, Idaho

(State)

## DATE REC'D BY LOCAL REG.

2-29-56

## REGISTRAR'S SIGNATURE

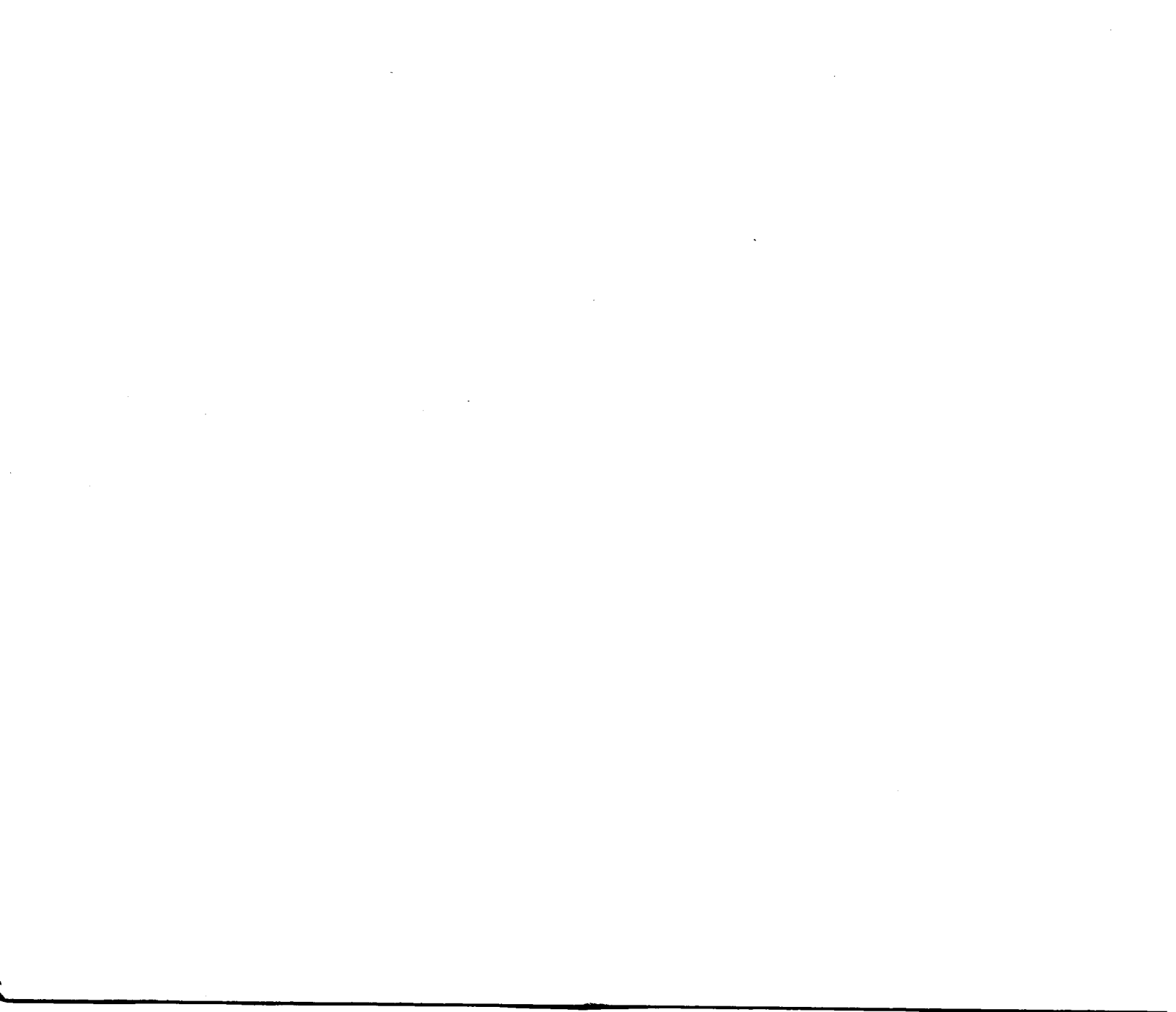
Viola E. Johnson

## 26. FUNERAL DIRECTOR

Robert C. Jones

## ADDRESS

Salmon, Idaho



**RECEIVED**

(1949 Revision of Standard Certificate)

MAR 9 1956

**CERTIFICATE OF STILLBIRTH**

Division of Vital Statistics

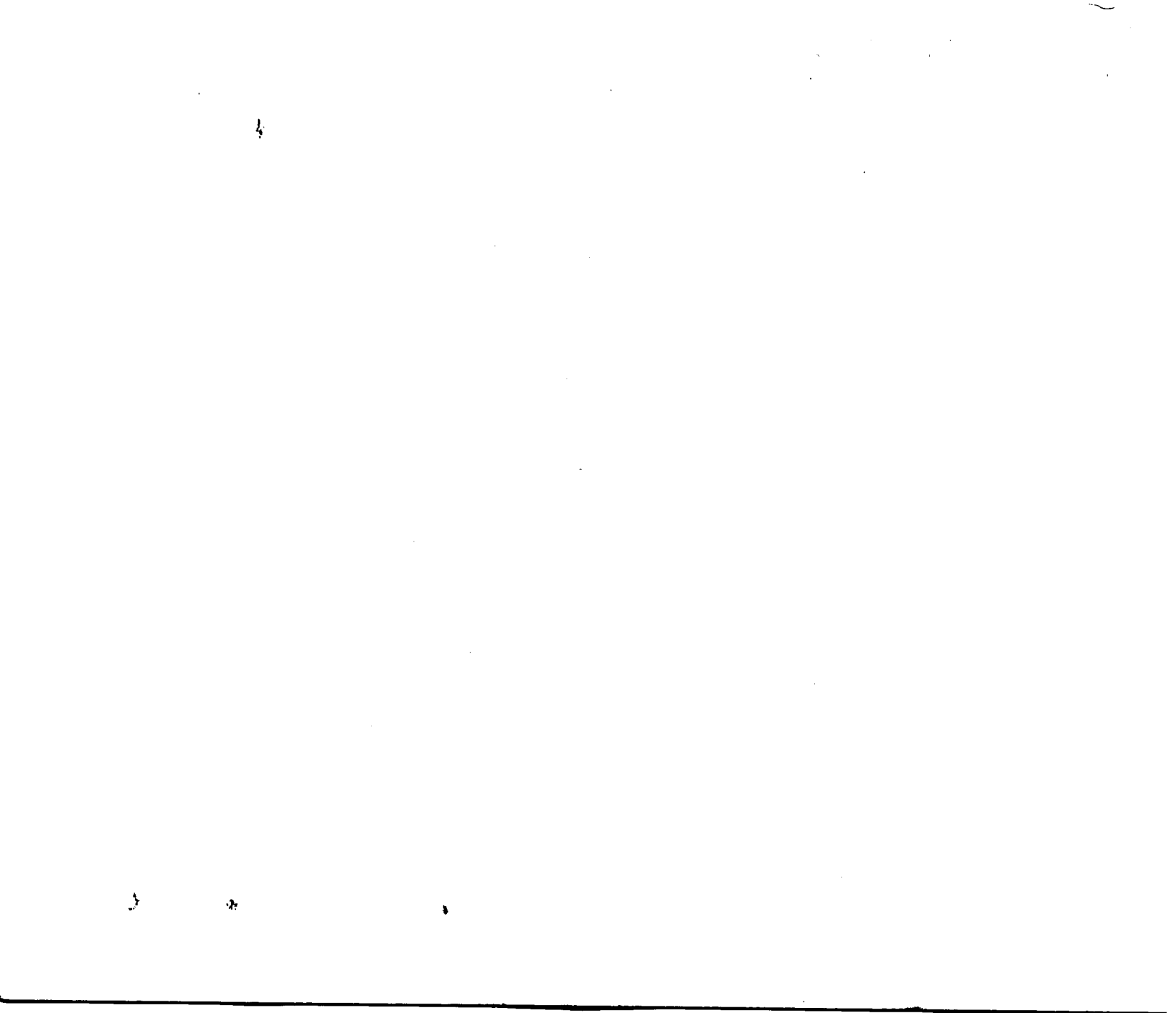
State of Idaho

State File No. 017

Local Reg. No. 690

Reg. Dist. No.

1. PLACE OF STILLBIRTH a. COUNTY <b>Lemhi</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Lemhi</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Salmon</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Salmon</b>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Steele Memorial Hosp.</b>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <b>Deborah Lynn Marshall</b>			
4. SEX <b>Female</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <b>Feb. 21, 1956</b>
7. FATHER'S NAME a. (First) <b>Charles</b> b. (Middle) <b>W.</b> c. (Last) <b>Marshall</b>		8. COLOR OR RACE <b>White</b>	
9. AGE (At time of this birth) <b>44</b> YEARS	10. BIRTHPLACE (State or foreign country) <b>Salmon, Idaho</b>	11a. USUAL OCCUPATION <b>Laborer</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>General work</b>
12. MOTHER'S MAIDEN NAME a. (First) <b>Lillian</b> b. (Middle) <b>G.</b> c. (Last) <b>Blood</b>		13. COLOR OR RACE <b>White</b>	
14. AGE (At time of this birth) <b>37</b> YEARS	15. BIRTHPLACE (State or foreign country) <b>Idaho</b>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <b>5</b> b. How many children were born alive but are now dead? <b>0</b> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b>	
17. INFORMANT <b>Charles W. Marshall</b>			
18a. LENGTH OF PREGNANCY <b>38</b> WEEKS	18b. WEIGHT AT BIRTH <b>8</b> LBS. <b>0</b> OZS.	19. Was a standard serological test for syphilis performed? <b>Yes</b> No	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <b>Spina Bifida + Anencephalia</b>	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY <b>Caesarian Section</b>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <b>J. L. Muller M.D.</b> (Specify if M. D., midwife, or other)	
23b. DATE SIGNED <b>2-23-56</b>		23c. ATTENDANT'S ADDRESS	
If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL <b>Delbert C. Jones</b>	
24. TITLE			
25a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	25b. DATE <b>2-22-56</b>	25c. NAME OF CEMETERY OR CREMATORY <b>Salmon</b>	25d. LOCATION (City, town, or county) (State) <b>Salmon, Idaho</b>
DATE REC'D BY LOCAL REG. <b>2-29-56</b>	REGISTRAR'S SIGNATURE <b>Viola G. Johnson</b>	26. FUNERAL DIRECTOR <b>Delbert C. Jones</b>	ADDRESS <b>Salmon, Idaho</b>



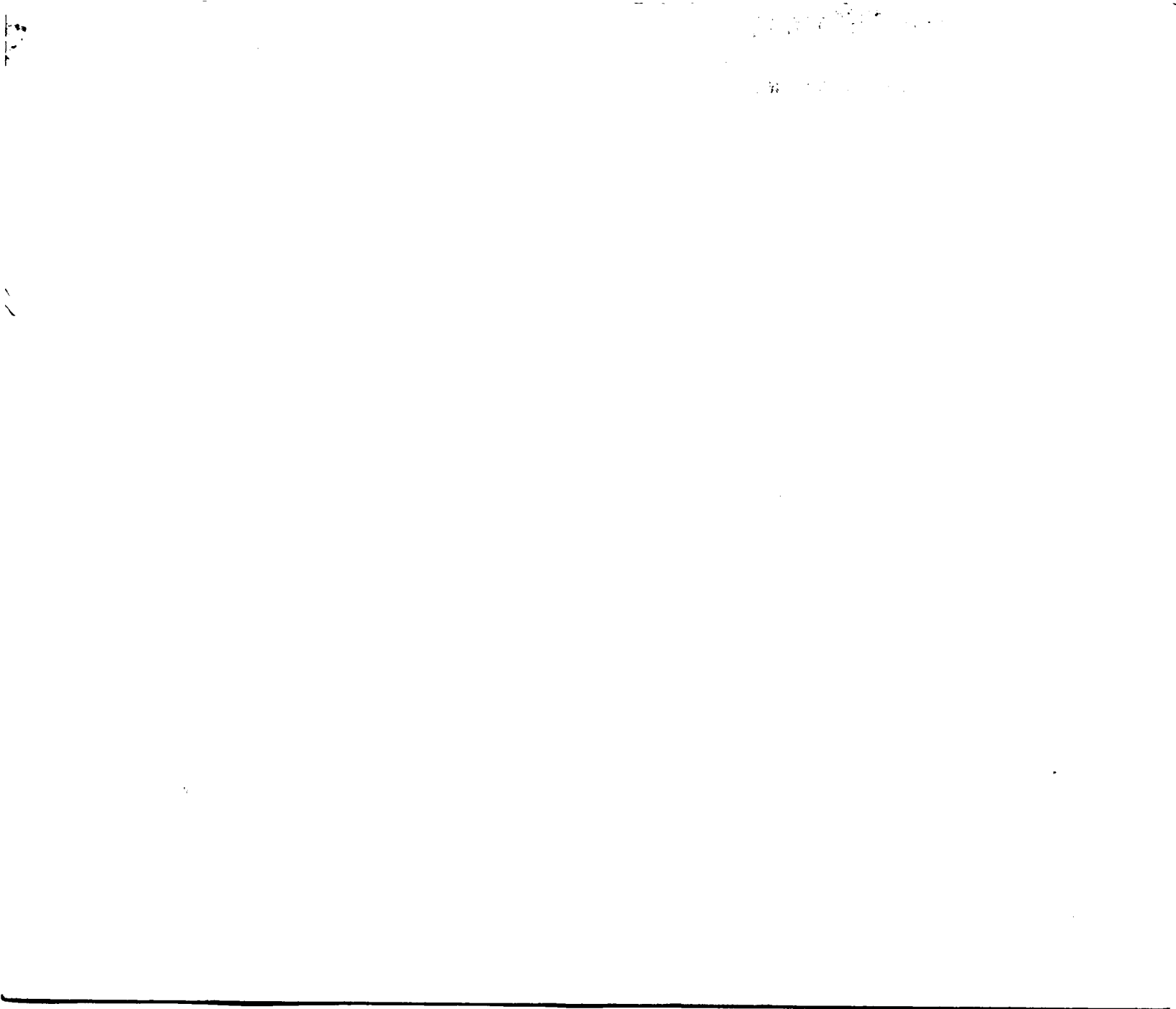
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PHS-797 (VS)  
4-48  
FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE  
MAR 2 1956  
Division of Vital Statistics

(1949 Revision of Standard Certificate)  
CERTIFICATE OF STILLBIRTH  
State of Idaho

State File No. 018  
Local Reg. No. 122  
Reg. Dist. No. 452

1. PLACE OF STILLBIRTH a. COUNTY <i>Minidoka</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY <i>Minidoka</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Reupert</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Heppner</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Reupert Memorial Hosp.</i>		d. STREET ADDRESS (If rural, give location) <i>Box 232</i>	
3. CHILD'S NAME (Type or Print) <i>William Robert Pagane</i>			
4. SEX <i>Male</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>Feb 8 1956</i>
7. FATHER'S NAME a. (First) <i>William</i> b. (Middle) <i>Robert</i> c. (Last) <i>Pagane</i>		8. COLOR OR RACE <i>White</i>	
9. AGE (At time of this birth) <i>36</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Globe Arizona Buck Leger</i>	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <i>Nellie</i> b. (Middle) <i>Mac</i> c. (Last) <i>Broadhead</i>		13. COLOR OR RACE <i>White</i>	
14. AGE (At time of this birth) <i>21</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Burley Idaho</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>0</i> b. How many children were born alive but are now dead? <i>0</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>0</i>	
17. INFORMANT <i>William Robert Pagane</i>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Not known. died about 1 week before birth.</i>	
		20b. MATERNAL CAUSES <i>Not known</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <i>Reupert</i> m.		23a. ATTENDANT'S SIGNATURE <i>William Robert Pagane</i>	23b. DATE SIGNED <i>2-11-56</i>
23c. ATTENDANT'S ADDRESS		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE <i>2-8-56</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Heppner Cemetery</i>	25d. LOCATION (City, town, or county) (State) <i>Heppner Idaho</i>
DATE REG'D BY LOCAL REG. <i>Feb. 13, 1956</i>	REGISTRAR'S SIGNATURE <i>Mary Ellen Carlson</i>	26. FUNERAL DIRECTOR <i>Robert H. Broadhead</i> ADDRESS <i>Reupert Idaho</i>	





RECEIVED (1949 Revision of Standard Certificate)

MAR 2 1956 CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. ....

Local Reg. No. ....

Reg. Dist. No. ....

019

1. PLACE OF STILLBIRTH a. COUNTY <b>Nez Perce</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Nez Perce</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lewiston</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lewiston</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Joseph's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>800-6th Ave</b>	
3. CHILD'S NAME (Type or Print) <b>Jerry David Jackson</b>			
4. SEX <b>male</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <b>Feb, 19, 1956</b>
7. FATHER'S NAME a. (First) <b>Wesley</b> b. (Middle) <b>W.</b> c. (Last) <b>Jackson</b>		8. COLOR OR RACE <b>White</b>	
9. AGE (At time of this birth) <b>40</b> YEARS	10. BIRTHPLACE (State or foreign country) <b>Union County Ark.</b>	11a. USUAL OCCUPATION <b>Forman</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>Paper mill</b>
12. MOTHER'S MAIDEN NAME a. (First) <b>Jo</b> b. (Middle) <b>Shelton</b> c. (Last) <b>White</b>		13. COLOR OR RACE <b>White</b>	
14. AGE (At time of this birth) <b>32</b> YEARS	15. BIRTHPLACE (State or foreign country) <b>Tenn.</b>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <b>2</b> b. How many children were born alive but are now dead? <b>none</b> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <b>W.W. Jackson, Lewiston, Idaho</b>			
18a. LENGTH OF PREG- NANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... <b>Approximate date</b>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <b>Strangled by Intertwined Cord.</b>	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>12:06 a.m.</b>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <b>[Signature]</b>	
		23b. DATE SIGNED <b>2/20/56</b>	
23c. ATTENDANT'S ADDRESS <b>Lewiston, Idaho</b>		24. SIGNATURE OF AUTHORIZED OFFICIAL <b>[Signature]</b>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		25b. DATE <b>Feb, 20, 1956</b>	
25c. NAME OF CEMETERY OR CREMATORY <b>Normal Hill Cemetery</b>		25d. LOCATION (City, town, or county) (State) <b>Lewiston, Idaho.</b>	
DATE REC'D BY LOCAL REG. <b>2-29-56</b>		26. FUNERAL DIRECTOR <b>Nancy Richards</b> <b>Vassar-Rawls Funeral Home, Lewiston, Idaho.</b>	

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(1949 Revision of Standard Certificate)

**FEB 17 1956****CERTIFICATE OF STILLBIRTH**

Division of Vital Statistics

State of Idaho

State File No. 920Local Reg. No. 7Reg. Dist. No. 500

1. PLACE OF STILLBIRTH a. COUNTY <b>Power</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Bingham</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>American Falls</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Aberdeen</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Schiltz Memorial Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Rural Route</b>	
3. CHILD'S NAME (Type or Print) <b>Charlotte King</b>			
4. SEX <b>F</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <b>Feb. 11 1956</b>
7. FATHER'S NAME a. (First) <b>Max</b> b. (Middle) <b>K.</b> c. (Last) <b>King</b>		8. COLOR OR RACE <b>White</b>	
9. AGE (At time of this birth) <b>35</b> YEARS	10. BIRTHPLACE (State or foreign country) <b>Aberdeen, Idaho</b>	11a. USUAL OCCUPATION <b>Farming</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>
12. MOTHER'S MAIDEN NAME a. (First) <b>Ilene</b> b. (Middle) c. (Last) <b>Hale</b>		13. COLOR OR RACE <b>White</b>	
14. AGE (At time of this birth) <b>37</b> YEARS	15. BIRTHPLACE (State or foreign country) <b>Groveland, Idaho</b>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <b>four</b> b. How many children were born alive but are now dead? <b>None</b> c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? <b>None</b>	
17. INFORMANT <b>Max King</b>			
18a. LENGTH OF PREGNANCY <b>40</b> WEEKS	18b. WEIGHT AT BIRTH LBS. <b>7</b> OZS. <b>10</b>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <b>Aug. 30, 1956</b>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <b>Asphyxiation (intra uterine)</b>	
		20b. MATERNAL CAUSES <b>Placenta Praevia partial with abruptio placenta</b>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <b>None</b>		22. STATE ALL OPERATIONS FOR DELIVERY <b>None</b>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>8:20 P.</b> m.	23a. ATTENDANT'S SIGNATURE <b>B. P. Harris M.D.</b>		23b. DATE SIGNED <b>Feb. 12, 1956</b>
	23c. ATTENDANT'S ADDRESS <b>American Falls, Idaho</b>	IF NOT attended by physician <input type="checkbox"/>	24. SIGNATURE OF AUTHORIZED OFFICIAL <b>Bishop Relfe Kendall</b>
25a. BURIAL, CREMATION, REMOVAL (Specify) <b>Feb. 12, 1956</b>	25b. DATE <b>Feb. 12, 1956</b>	25c. NAME OF CEMETERY OR CREMATORY <b>Aberdeen Cemetery</b>	25d. LOCATION (City, town, or county) (State) <b>Aberdeen, Idaho (Bingham)</b>
DATE REC'D BY LOCAL REG. <b>Feb. 12, 1956</b>	REGISTRAR'S SIGNATURE <b>Gertrude Thornhill</b>	26. FUNERAL DIRECTOR <b>Family</b> ADDRESS <b>Aberdeen, Idaho</b>	



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(1949 Revision of Standard Certificate)

FEB 14 1956

Division of Vital Statistics

State of Idaho

State File No. 021

Local Reg. No. 9

Reg. Dist. No. 620

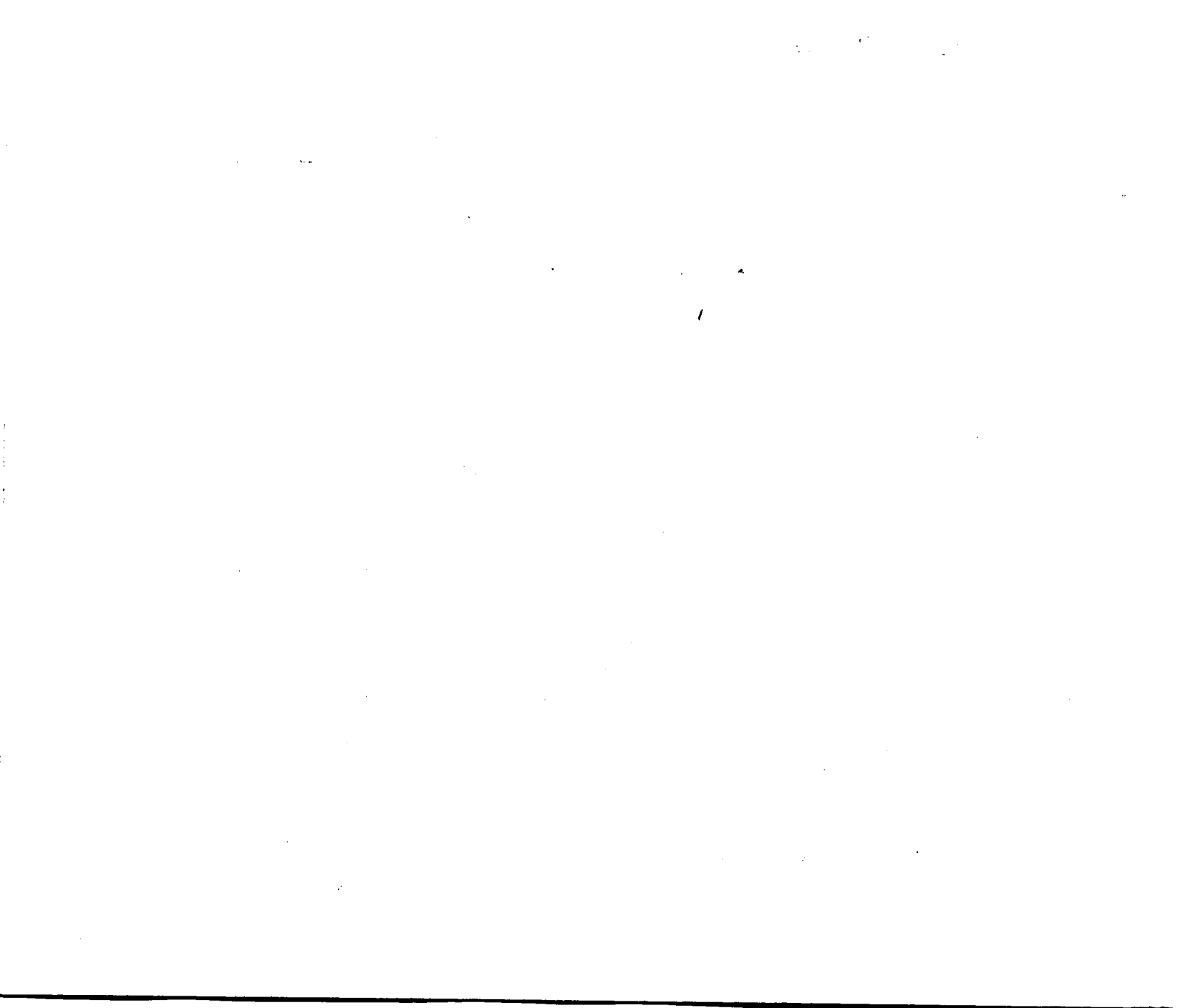
1. PLACE OF STILLBIRTH a. COUNTY <u>Teton.</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Teton.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Driggs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Driggs.</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Teton Valley Hospital.</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Hartshorn.</u>			
4. SEX <u>Female.</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Feb. 6 1956.</u>
7. FATHER'S NAME a. (First) <u>Sherman</u> b. (Middle) <u>Hugh</u> c. (Last) <u>Hartshorn</u>		8. COLOR OR RACE <u>white.</u>	
9. AGE (At time of this birth) <u>28 YEARS</u>	10. BIRTHPLACE (State or foreign country) <u>Gillette, Wyoming.</u>	11a. USUAL OCCUPATION <u>Laborer.</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>La Rae</u> b. (Middle) <u>Ballard</u> c. (Last) <u>Ballard</u>		13. COLOR OR RACE <u>white.</u>	
14. AGE (At time of this birth) <u>19 YEARS</u>	15. BIRTHPLACE (State or foreign country) <u>Rexburg, Idaho.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>La Rae Hartshorn</u>			
18a. LENGTH OF PREGNANCY <u>40 WEEKS</u>	18b. WEIGHT AT BIRTH <u>8 LBS. 1 OZS.</u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Premature separation of placenta</u>	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Premature separation of placenta</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Dr. J. H. G. G. G.</u> (Specify if M. D., midwife, or other) <u>M D</u>	
23b. DATE SIGNED <u>2-7-56</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Stella Grigg</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>Feb. 10-56</u>		26. FUNERAL DIRECTOR ADDRESS <u>Stella Grigg</u>	



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**CERTIFICATE OF STILLBIRTH**  
State of Idaho

State File No. 022  
Local Reg. No. 277  
Reg. Dist. No. 160

1. PLACE OF STILLBIRTH (Vital Statistics) a. COUNTY <u>Twin Falls</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Twin Falls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Magie Valley Memorial</u>		d. STREET ADDRESS (If rural, give location) <u>145 N. Washington T.F.</u>	
3. CHILD'S NAME (Type or Print) <u>Susan Elizabeth Taylor</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>2</u> <u>12</u> <u>1956</u>
7. FATHER'S NAME a. (First) <u>William</u> b. (Middle) <u>Taylor</u> c. (Last) <u>Taylor</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>27</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Massachusetts</u>	11a. USUAL OCCUPATION <u>Radio Announcer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Electrician &amp; Contractor</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Shirley</u> b. (Middle) <u>Felker</u> c. (Last) <u>Felker</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>25</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Minnesota</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Mother's chart</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH <u>2</u> LBS. <u>9 1/2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>undetermined</u>	
		20b. MATERNAL CAUSES <u>undetermined</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Low impl. placenta</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>13 Feb-56</u> .		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Dean W. Applech</u>	
23b. DATE SIGNED <u>14 Feb-56</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>W. H. Taylor</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		25b. DATE <u>2-17-56</u>	
25c. NAME OF CEMETERY OR CREMATORY <u>Twin Falls Cem.</u>		25d. LOCATION (City, town, or county) (State) <u>Twin Falls Idaho</u>	
DATE REC'D BY LOCAL REG. <u>Feb 17, 1956</u>		26. FUNERAL DIRECTOR <u>W. H. Taylor</u>	





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MAR 5 1956

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

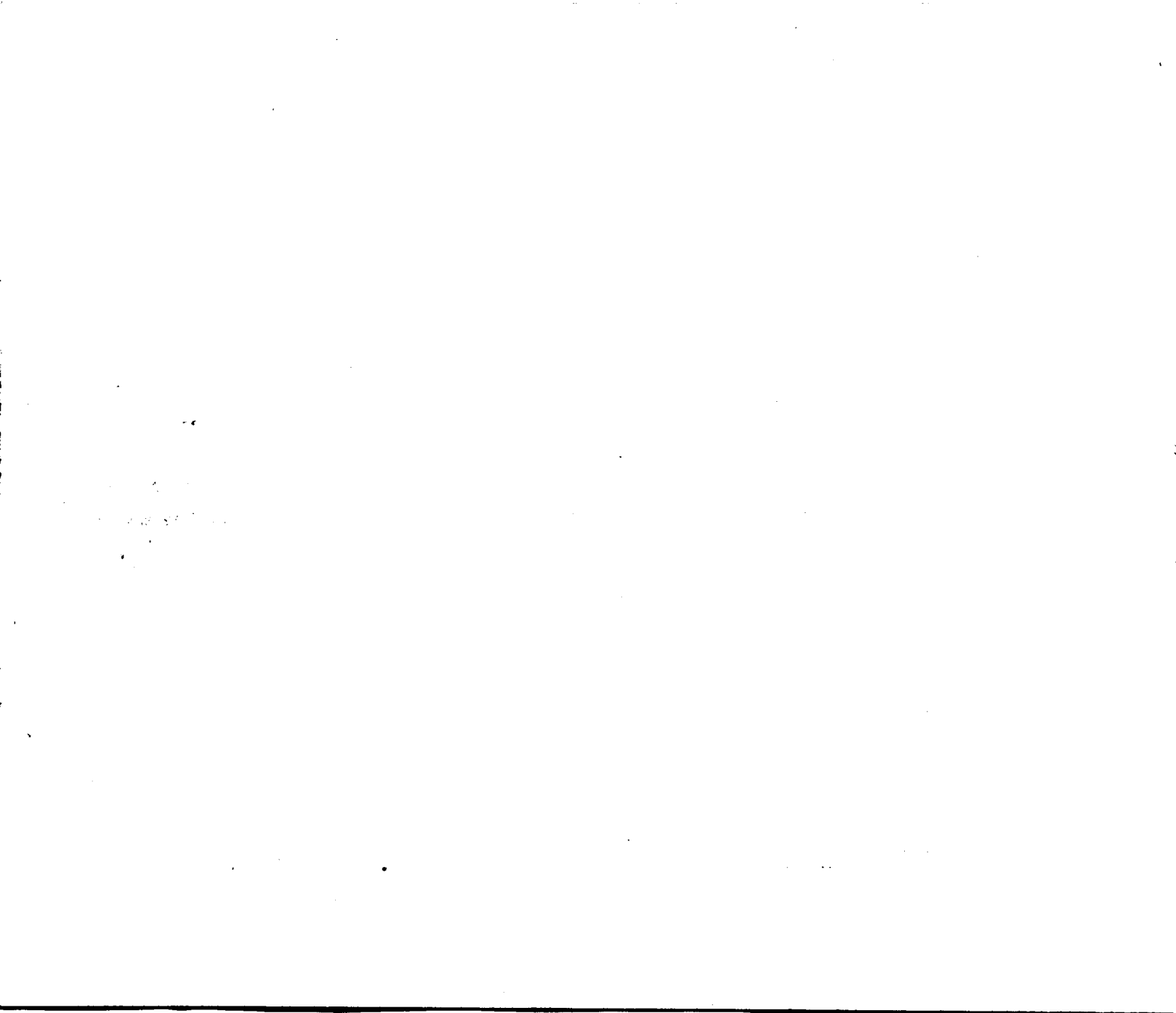
State of Idaho

State File No. 023

Local Reg. No. 951

Reg. Dist. No. 460

1. PLACE OF STILLBIRTH a. COUNTY <u>Twin Falls</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Twin Falls</u> b. COUNTY	
b. CITY OR TOWN <u>Twin Falls</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>Twin Falls</u> (If outside corporate limits, write RURAL and give township)	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Magic Valley Memorial Hosp.</u> (If not in hospital or institution, give street address or location)		d. STREET ADDRESS <u>410 Jefferson</u> (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Baby boy White</u>			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>2-27-56</u>
7. FATHER'S NAME a. (First) <u>Jack</u> b. (Middle) <u>Coogan</u> c. (Last) <u>White</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (At time of this birth) <u>35</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Buffalo, Oklahoma</u>	11a. USUAL OCCUPATION <u>Lumberman</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Wanda</u> b. (Middle) <u>Jeanita</u> c. (Last) <u>Hasson</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>35</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Ingersoll, Oklahoma</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>Husband</u>			
18a. LENGTH OF PREGNANCY <u>28</u> WEEKS	18b. WEIGHT AT BIRTH <u>2</u> LBS. <u>14</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Hydrocephalus</u> 20b. MATERNAL CAUSES <u>Albuminuria</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Doyle - Khan MD</u>	
		23b. DATE SIGNED <u>2/27/56</u>	
23c. ATTENDANT'S ADDRESS		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. CREMA-TION, REMODE (Specify)	25b. DATE <u>2-27-56</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Magic Valley Memorial Hosp.</u>	25d. LOCATION (City, town, or county) (State) <u>Twin Falls, Idaho</u>
DATE REC'D BY LOCAL REG. <u>FEB 28 1956</u>	REGISTRAR'S SIGNATURE <u>Lena O'Leary</u>	26. FUNERAL DIRECTOR <u>Wendell Crest</u>	ADDRESS <u>Twin Falls</u>



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(1949 Revision of Standard Certificate)

State File No. 024  
Local Reg. No. 85  
Reg. Dist. No. 370

MAR 23 1956

CERTIFICATE OF STILLBIRTH

State of Idaho

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY <b>Ada</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Ada</b>	
b. CITY OR TOWN <b>Boise</b>		c. CITY OR TOWN <b>Boise</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Lukes</b>		d. STREET ADDRESS (If rural, give location) <b>2309 Judith</b>	
3. CHILD'S NAME (Type or Print) <b>Baby Boy Helland</b>			
4. SEX <b>Male</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <b>March 13, 1956</b>
7. FATHER'S NAME a. (First) <b>James</b> b. (Middle) <b>O.</b> c. (Last) <b>Helland</b>		8. COLOR OR RACE <b>White</b>	
9. AGE (At time of this birth) <b>44</b> YEARS	10. BIRTHPLACE (State or foreign country) <b>Everett, Washington</b>	11a. USUAL OCCUPATION <b>Accountant</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>Mining</b>
12. MOTHER'S MAIDEN NAME a. (First) <b>Eileen</b> b. (Middle) <b>Martha</b> c. (Last) <b>Mowbray</b>		13. COLOR OR RACE <b>White</b>	
14. AGE (At time of this birth) <b>35</b> YEARS	15. BIRTHPLACE (State or foreign country) <b>Boise, Idaho</b>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <b>One</b> b. How many children were born alive but are now dead? <b>None</b> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>None</b>	
17. INFORMANT <i>James O. Helland</i> <i>2309 Judith Boise Idaho</i>			
18a. LENGTH OF PREGNANCY <b>40</b> WEEKS	18b. WEIGHT AT BIRTH <b>7</b> LBS. - <b>-</b> OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date <b>September 1955</b>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <b>None Evident by autopsy.</b>	
		20b. MATERNAL CAUSES <b>Apparently Placental Ischemia</b>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <b>None</b>		22. STATE ALL OPERATIONS FOR DELIVERY <b>Episiotomy &amp; repair</b>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE <b>Robert W. Brooks, M.D.</b>		23b. DATE SIGNED <b>3-15-56</b>
	23c. ATTENDANT'S ADDRESS <b>Boise, Idaho</b>	IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <b>Paul W. Wagoner</b> TITLE <b>McBratney-Aldon Chapel</b>
25a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	25b. DATE <b>3-16-56</b>	25c. NAME OF CEMETERY OR CREMATORY <b>Morris Hill Cemetery</b>	25d. LOCATION (City, town, or county) (State) <b>Boise, Idaho</b>
DATE REC'D BY LOCAL REG. <b>3-16-56</b>	REGISTRAR'S SIGNATURE <b>Myrtle Palmer</b>	26. GENERAL DIRECTOR <b>Paul W. Wagoner</b> ADDRESS <b>Boise, Idaho</b>	



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(1949 Revision of Standard Certificate)

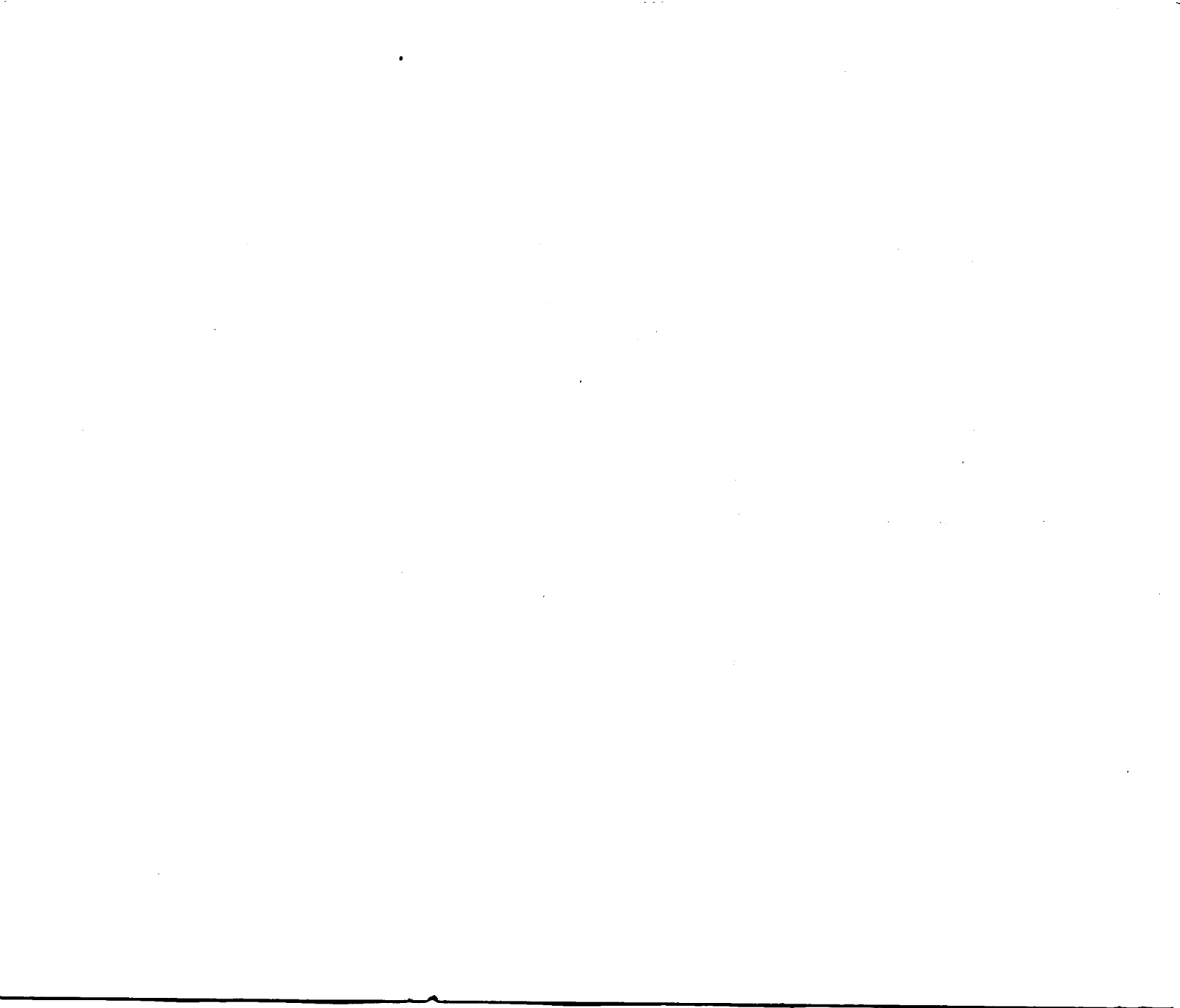
MAR 29 1956  
CERTIFICATE OF STILLBIRTH  
Division of Vital Statistics State of Idaho

State File No. 025

Local Reg. No. 75

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nampa</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Alphonsus</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. # 2.</u>	
3. CHILD'S NAME (Type or Print) <u>Beth Marie Langley</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Mar. 23, 1956</u>
7. FATHER'S NAME a. (First) <u>Raymond</u> b. (Middle) <u>E.</u> c. (Last) <u>Langley</u>			8. COLOR OR RACE <u>White</u>
9. AGE (At time of this birth) <u>49</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Nevada, Mo.</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Mildred</u> b. (Middle) <u>Eve</u> c. (Last) <u>Smith</u>			13. COLOR OR RACE <u>White</u>
14. AGE (At time of this birth) <u>38</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Nebraska</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Raymond Langley</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>None other than prematurity - intra uterine death</u>	
		20b. MATERNAL CAUSES <u>Partial premature separation of placenta</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY <u>Brach delivery</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Vernie Reynolds</u>	23b. DATE SIGNED <u>3-28-56</u>
23c. ATTENDANT'S ADDRESS <u>Boise Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Ben Robson</u>	TITLE <u>Meridian, Idaho.</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>3/24/56</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Meridian</u>	25d. LOCATION (City, town, or county) (State) <u>Meridian, Idaho.</u>
DATE REC'D BY LOCAL REG. <u>3-29-56</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	26. FUNERAL DIRECTOR <u>Ben Robson</u>	ADDRESS <u>Meridian, Idaho.</u>



**RECEIVED** (1949 Revision of Standard Certificate)  
**CERTIFICATE OF STILLBIRTH**  
**State of Idaho**  
**APR 2 1956**

State File No. 026  
Local Reg. No. 96  
Reg. Dist. No. 270

1. PLACE OF BIRTH a. COUNTY <u>Ada</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u> c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St. Luke's Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u> d. STREET ADDRESS (If rural, give location) <u>1408 N. 19th St.</u>	
3. CHILD'S NAME (Type or Print) <u>ROY JUNIOR SIELAFF</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>March 27 1956</u>
7. FATHER'S NAME a. (First) <u>CARL</u> b. (Middle) <u>J.</u> c. (Last) <u>SIELAFF</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>25</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Boise, Idaho</u>	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>LILLIAN</u> b. (Middle) <u>P.</u> c. (Last) <u>LESTER</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>17</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Boise, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Carl J. Sielaff</u>			
18a. LENGTH OF PREGNANCY <u>31</u> WEEKS	18b. WEIGHT AT BIRTH <u>4</u> LBS. <u>1</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>October 1955</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Prematurity - 31 weeks gestation</u> 20b. MATERNAL CAUSES <u>Acute Cystitis &amp; Ascending Urinary Infection.</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY <u>Assisted breech extraction @ Piper pump</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Robert W. Brooks M.D.</u> 23c. ATTENDANT'S ADDRESS <u>Boise, Idaho</u>	23b. DATE SIGNED <u>3/28/56</u> 24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Robert A. Dickel</u> TITLE <u>Boise, Idaho</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>3/28/56</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Cloverdale</u>	25d. LOCATION (City, town, or county) (State) <u>Boise, Idaho</u>
DATE REC'D BY LOCAL REG. <u>3-30-56</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u> 26. FUNERAL DIRECTOR <u>RELYEA MORTUARY</u> ADDRESS <u>318 N. Latah St. Boise, Idaho</u>		

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(1949 Revision of Standard Certificate)

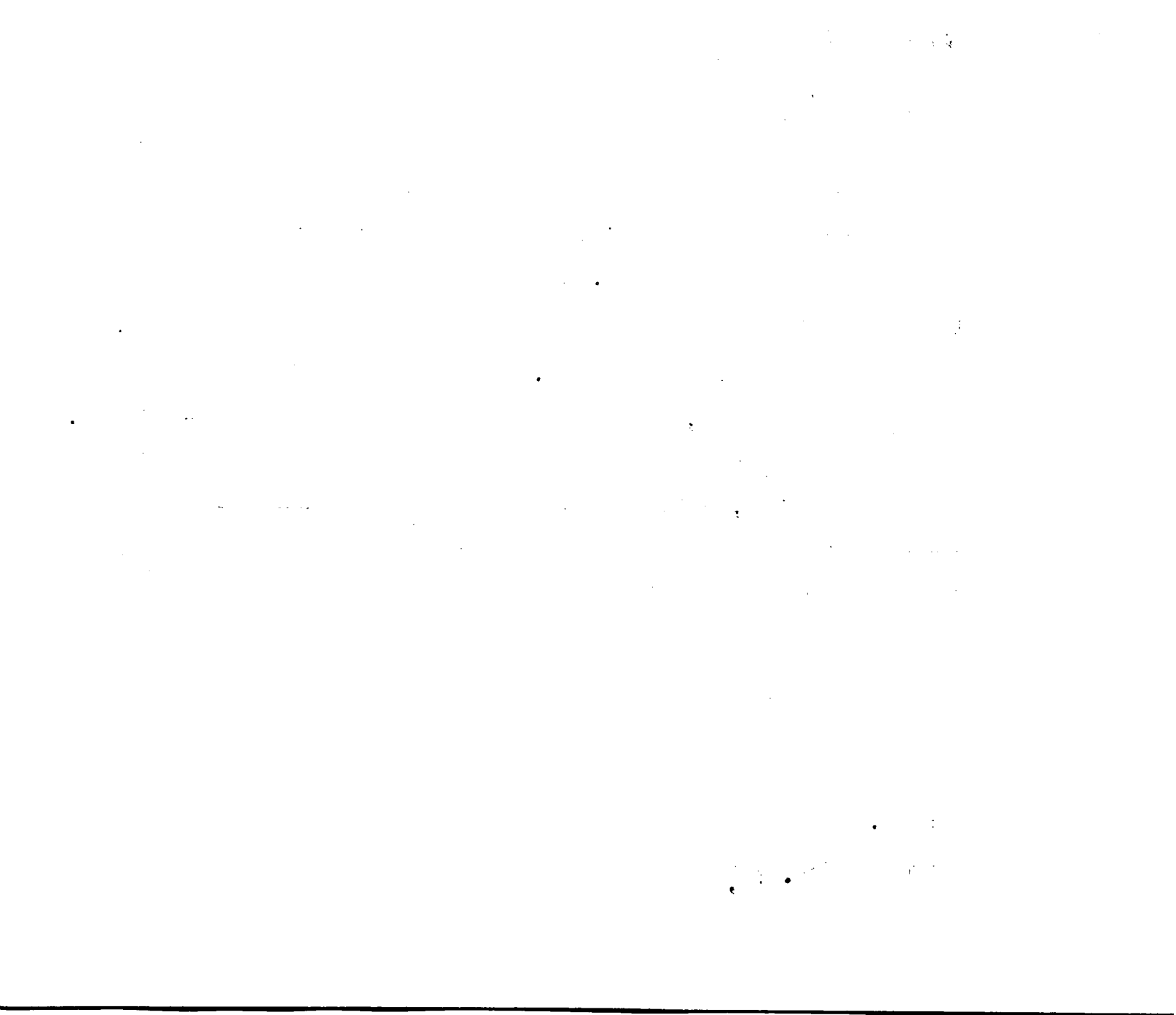
Division of Vital Statistics

## CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 027  
Local Reg. No. 78  
Reg. Dist. No. 510

1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bannock Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>641 McKinley</u>	
3. CHILD'S NAME (Type or Print) <u>FRED J. GOODRICH</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>February 15, 1956</u>
7. FATHER'S NAME a. (First) <u>Arvil</u> b. (Middle) <u>H.</u> c. (Last) <u>Goodrich</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>38</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Blue Bell, Utah</u>	11a. USUAL OCCUPATION <u>Stock foreman</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Roulston-Purina Co.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>DeEsta</u> b. (Middle) <u>Mae</u> c. (Last) <u>Walker</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>34</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Rigby, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>Four</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>DeEsta Goodrich</u>			
18a. LENGTH OF PREGNANCY <u>26</u> WEEKS	18b. WEIGHT AT BIRTH <u>not</u> LBS. done	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>None as far as autopsy could determine</u>	
		20b. MATERNAL CAUSES <u>Eclampsia</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Eclampsia</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>5:55 P.M.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Wife</u>	
23b. DATE SIGNED <u>3 Mar. 56</u>		23c. ATTENDANT'S ADDRESS <u>Pocatello, Idaho</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Clay Manning</u>		TITLE <u>510 No 12th Ave Pocatello, Idaho</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Feb. 17, 1956</u>	25c. NAME OF CEMETERY OR CREMATORY <u>RESTLAWN MEMORIAL GAR.</u>	25d. LOCATION (City, town, or county) (State) <u>POCATELLO, BANNOCK IDAHO</u>
DATE REC'D BY LOCAL REG. <u>3-28-56</u>	REGISTRAR'S SIGNATURE <u>Eva M. Wallin</u>	26. FUNERAL DIRECTOR <u>Clay Manning</u>	



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(1949 Revision of Standard Certificate)

MAR 30 1956

## CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

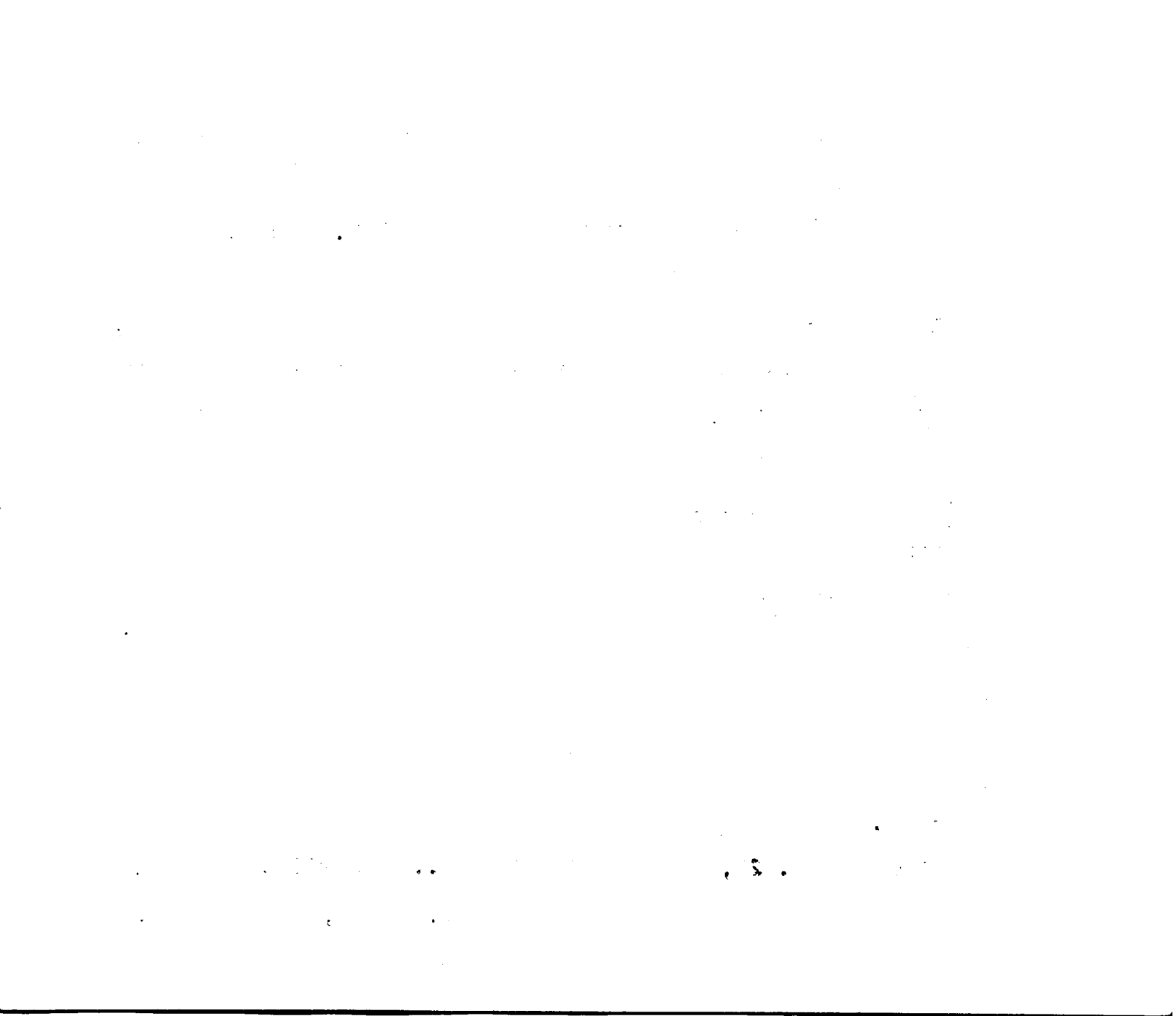
State of Idaho

State File No. 028

Local Reg. No. 79

Reg. Dist. No. 376

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho		b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello			
c. FULL NAME OF HOSPITAL OR INSTITUTION Bannock Memorial Hospital		d. STREET ADDRESS 1056 No. Buchanan		(If rural, give location)	
3. CHILD'S NAME (Type or Print) TIMOTHY HATHAWAY					
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) February 24, 1956		
7. FATHER'S NAME a. (First) Joseph		b. (Middle) Lionel		c. (Last) Hathaway	
8. COLOR OR RACE White		9. AGE (At time of this birth) 35 YEARS		10. BIRTHPLACE (State or foreign country) Rigby, Idaho	
11a. USUAL OCCUPATION Salesman		11b. KIND OF BUSINESS OR INDUSTRY Lubrication Engineers			
12. MOTHER'S MAIDEN NAME a. (First) Sybil		b. (Middle)		c. (Last) Tanner	
13. COLOR OR RACE White		14. AGE (At time of this birth) 34 YEARS		15. BIRTHPLACE (State or foreign country) Eagle, Idaho	
17. INFORMANT Sybil Hathaway		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? Two b. How many children were born alive but are now dead? One c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None			
18a. LENGTH OF PREGNANCY 39 WEEKS		18b. WEIGHT AT BIRTH not LBS. done		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Mal - location & attachment of placenta			
		20b. MATERNAL CAUSES atrophy of placenta			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR			22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:24 P. m.		23a. ATTENDANT'S SIGNATURE John D. McMahon M.D.		(Specify if M. D., midwife, or other)	
23b. ATTENDANT'S ADDRESS Pocatello		24. SIGNATURE OF AUTHORIZED OFFICIAL Allen J. Manning		23b. DATE SIGNED TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE Feb. 27, 56		25c. NAME OF CEMETERY OR CREMATORY Mountain View Cem.	
25d. LOCATION (City, town, or county) Pocatello, Bannock, Idaho		25e. LOCATION (City, town, or county) Pocatello, Idaho		(State)	
DATE REC'D BY LOCAL REG. 3-28-56		REGISTRAR'S SIGNATURE Eva M. Wallin		26. FUNERAL DIRECTOR Allen J. Manning	



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MAR 30 1956

(1949 Revision of Standard Certificate)

Division of Vital Statistics

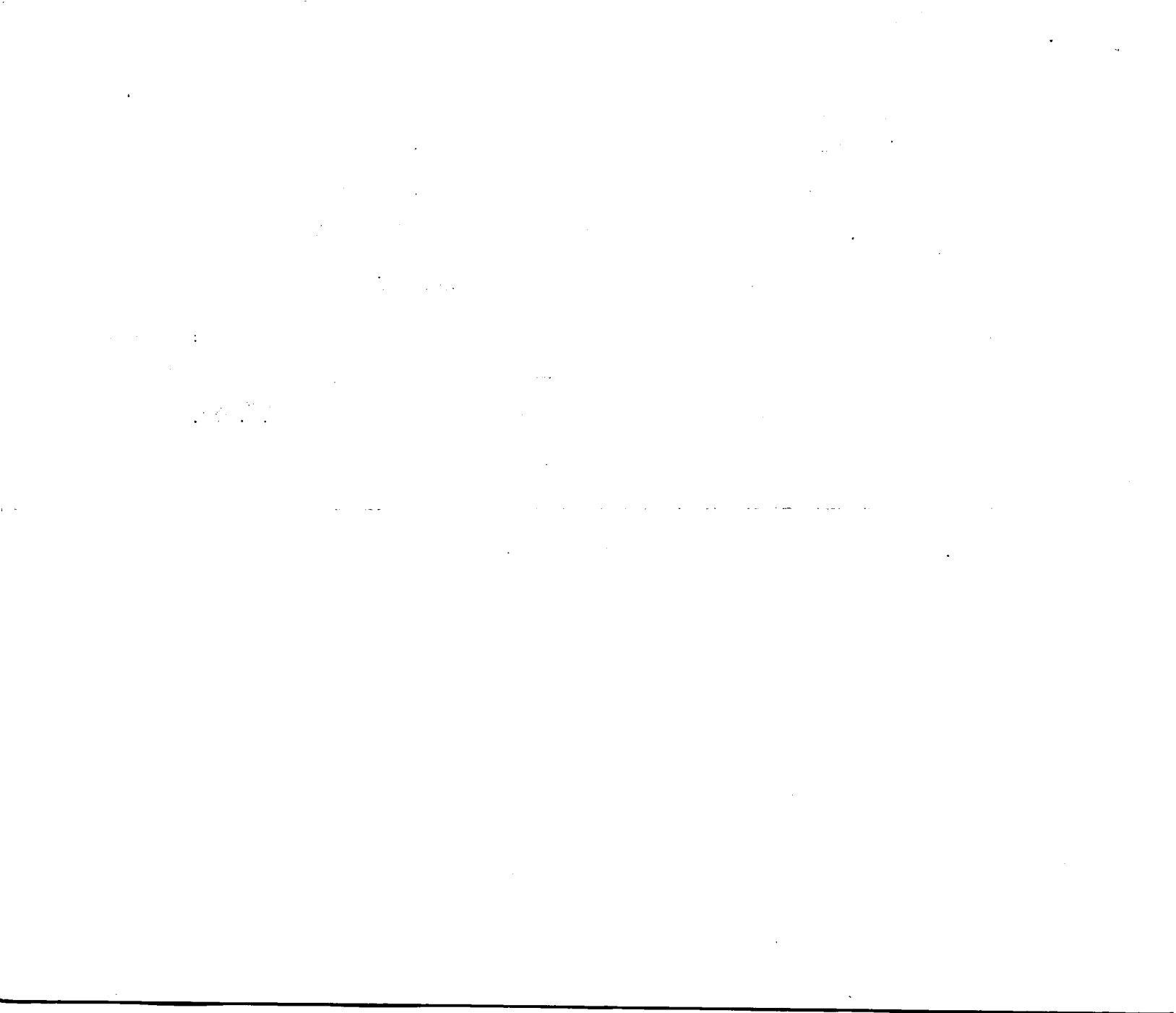
State of Idaho

State File No. 029

Local Reg. No. 81

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <b>Bannock</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Bannock</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Pocatello</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Pocatello</b>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Anthony Mercy Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>22 North 6th</b>	
3. CHILD'S NAME (Type or Print) <b>Baby Zaccardi</b>			
4. SEX <b>male</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <b>March 7, 1956</b>
7. FATHER'S NAME a. (First) <b>James</b> b. (Middle) <b>---</b> c. (Last) <b>Zaccardi</b>		8. COLOR OR RACE <b>white</b>	
9. AGE (At time of this birth) <b>38</b> YEARS	10. BIRTHPLACE (State or foreign country) <b>Pocatello, Idaho</b>	11a. USUAL OCCUPATION <b>Clerk</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>U.P.R.R.</b>
12. MOTHER'S MAIDEN NAME a. (First) <b>Florence</b> b. (Middle) <b>---</b> c. (Last) <b>Randolph</b>		13. COLOR OR RACE <b>white</b>	
14. AGE (At time of this birth) <b>35</b> YEARS	15. BIRTHPLACE (State or foreign country) <b>Ogden, Utah</b>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <b>2</b> b. How many children were born alive but are now dead? <b>0</b> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b>	
17. INFORMANT <b>Mrs. James Zaccardi mother</b>			
18a. LENGTH OF PREGNANCY <b>38</b> WEEKS	18b. WEIGHT AT BIRTH <b>---</b> LBS. <b>---</b> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <b>Anomaly of cord -</b> 20b. MATERNAL CAUSES <b>maternal Fetus</b>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <b>none</b>		22. STATE ALL OPERATIONS FOR DELIVERY <b>none</b>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>m.</b>		23a. ATTENDANT'S SIGNATURE <b>Ralph B. Hegler M.D.</b> Specify if M. D., midwife, or other	23b. DATE SIGNED <b>3-22-56</b>
23c. ATTENDANT'S ADDRESS <b>Pocatello Idaho</b>		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <b>D. W. Knott</b> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	25b. DATE <b>MAR. 8, 1956</b>	25c. NAME OF CEMETERY OR CREMATORY <b>MOUNTAINVIEW</b>	25d. LOCATION (City, town, or county) (State) <b>POCATELLO IDAHO</b>
DATE REC'D BY LOCAL REG. <b>3-26-56</b>	REGISTRAR'S SIGNATURE <b>Eva M. Wallin</b>	26. FUNERAL DIRECTOR <b>DOWNARD FUN. HOME</b> ADDRESS <b>POCATELLO, IDAHO</b>	



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FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE

MAR 19 1956

(1949 Revision of Standard Certificate)

Division of Vital Statistics

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. ....

Local Reg. No. ....

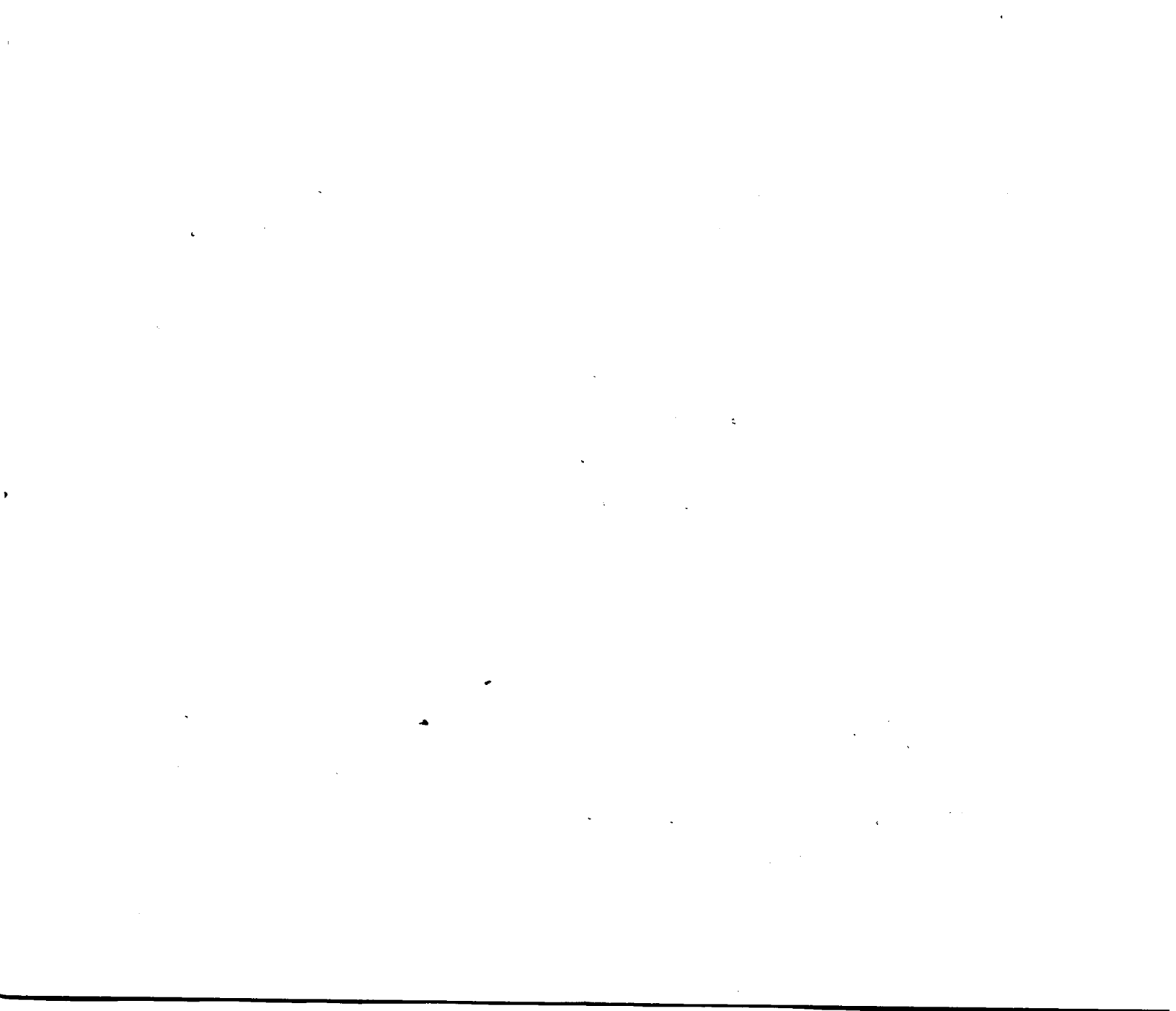
Reg. Dist. No. ....

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620

1. PLACE OF STILLBIRTH a. COUNTY <b>Bingham</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Bingham</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Blackfoot,</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Blackfoot,</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bingham Memorial Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>720 S. Meridian St.</b>	
3. CHILD'S NAME (Type or Print) <b>BONNIE JEAN RENOUX</b>			
4. SEX <b>Female</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <b>March 12, 1956</b>
7. FATHER'S NAME a. (First) <b>John</b> b. (Middle) <b>B.</b> c. (Last) <b>Renoux</b>		8. COLOR OR RACE <b>White</b>	
9. AGE (At time of this birth) <b>29</b> YEARS	10. BIRTHPLACE (State or foreign country) <b>Keokuk, Iowa</b>	11a. USUAL OCCUPATION <b>Contractor</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>
12. MOTHER'S MAIDEN NAME a. (First) <b>Madge</b> b. (Middle) <b>G.</b> c. (Last) <b>Merkley</b>		13. COLOR OR RACE <b>White</b>	
14. AGE (At time of this birth) <b>27</b> YEARS	15. BIRTHPLACE (State or foreign country) <b>Blackfoot, Idaho.</b>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <b>3</b> b. How many children were born alive but are now dead? <b>None</b> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>None</b>	
17. INFORMANT <i>John B. Renoux</i>			
18a. LENGTH OF PREGNANCY <b>Term</b> WEEKS	18b. WEIGHT AT BIRTH <b>8 LBS. 1 1/2 OZS.</b>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <b>7-15-55</b>	
18a. CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES <i>Promotion separation of Placenta</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Promotion separation of Placenta</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>Extraction &amp; Repair</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>11:30 a.m.</b>		23a. ATTENDANT'S SIGNATURE <i>John B. Renoux</i>	23b. DATE SIGNED <b>3-13-56</b>
23c. ATTENDANT'S ADDRESS <b>Blackfoot, Idaho.</b>		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>John C. Sandberg</i>
25a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	25b. DATE <b>3-14-56</b>	25c. NAME OF CEMETERY OR CREMATORY <b>Grove City Cemetery</b>	25d. LOCATION (City, town, or county) (State) <b>Blackfoot, Idaho</b>
DATE REC'D BY LOCAL REG. <b>Mar 3 1956</b>	REGISTRAR'S SIGNATURE <i>Marshall E. Renoux</i>	26. FUNERAL DIRECTOR <i>John C. Sandberg</i>	ADDRESS <b>Blackfoot, Idaho</b>





## RECEIVED CERTIFICATE OF STILLBIRTH

State of Idaho

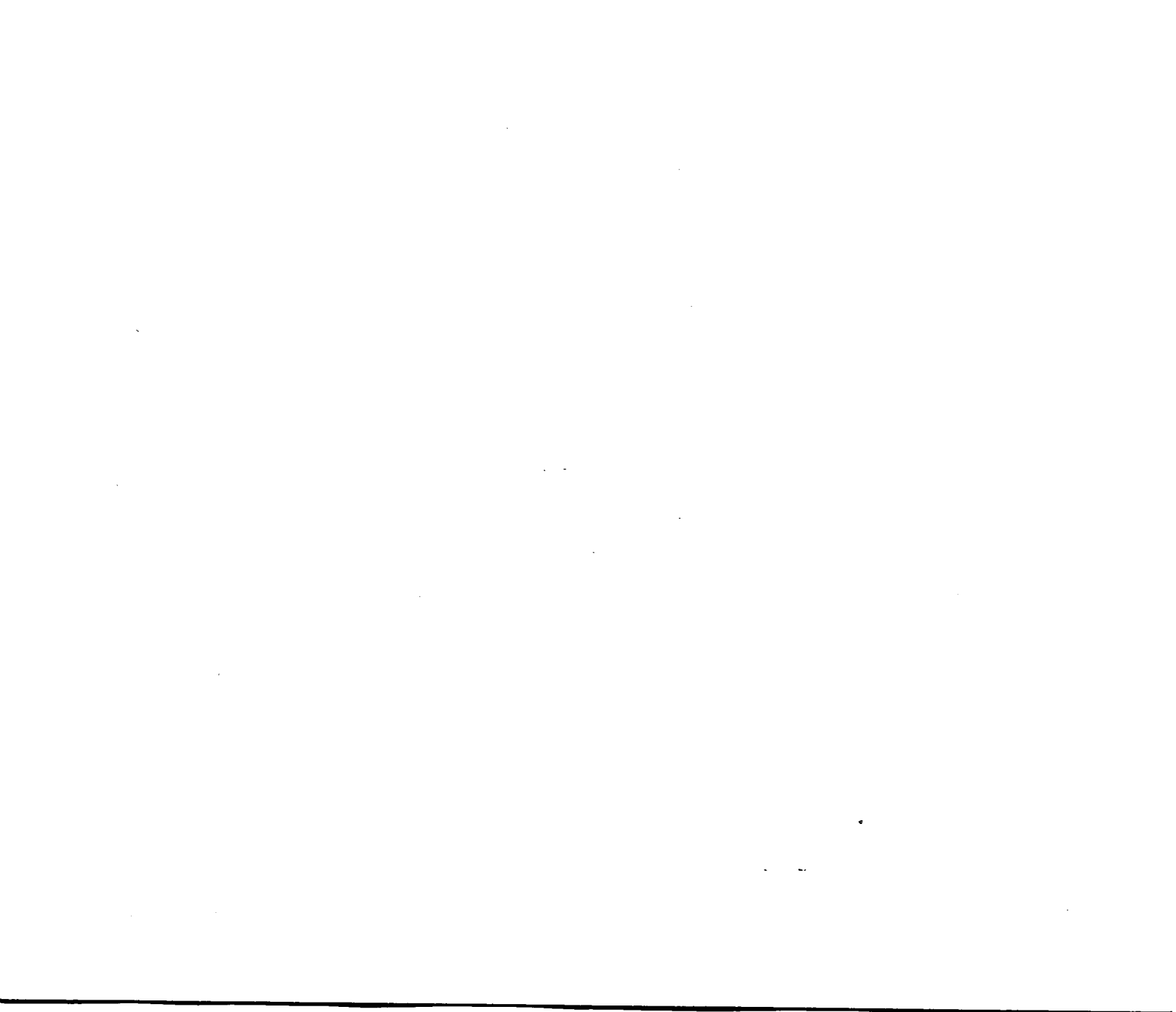
State File No. 031

Local Reg. No. 76

Reg. Dist. No. 600

MAR 21 1956

1. PLACE OF STILLBIRTH a. COUNTY <u>Bingham</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bingham</u>	
b. CITY OR TOWN <u>Blackfoot</u>		c. CITY OR TOWN <u>Fort Hall</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bingham Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
3. CHILD'S NAME (Type or Print) <u>Not Named</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>March 15, 1956</u>
7. FATHER'S NAME a. (First) <u>Leonard</u> b. (Middle) <u>Stone</u> c. (Last) <u>Indian</u>		8. COLOR OR RACE <u>Indian</u>	
9. AGE (At time of this birth) <u>34</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Fort Hall, Idaho</u>	11a. USUAL OCCUPATION <u>Farming</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Lydia</u> b. (Middle) <u>George</u> c. (Last) <u>Indian</u>		13. COLOR OR RACE <u>Indian</u>	
14. AGE (At time of this birth) <u>34</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Fort Hall, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>Five</u> b. How many children were born alive but are now dead? <u>Two</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>One</u>	
17. INFORMANT <u>Clerk</u>			
18a. LENGTH OF PREGNANCY <u>38</u> WEEKS	18b. WEIGHT AT BIRTH <u>?</u> LBS. <u>?</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <u>X</u> No <u>.....</u> Approximate date <u>February</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>No Ne Known</u>	
		20b. MATERNAL CAUSES <u>No Ne Known</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>8:40 A.m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Jim Puckett M.D.</u>	
23b. DATE SIGNED <u>3-18-56</u>		23c. ATTENDANT'S ADDRESS <u>Blackfoot, Idaho</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Alvin O. Perry</u>		TITLE <u>Blackfoot, Idaho</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	25b. DATE <u>3-15-56</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Bingham Memorial Hospital</u>	25d. LOCATION (City, town, or county) (State) <u>Box 752, Blackfoot, Idaho</u>
DATE REC'D BY LOCAL REG. <u>Mar 20 1956</u>	REGISTRAR'S SIGNATURE <u>Mrs. Walter E. Patten</u>	26. FUNERAL DIRECTOR <u>Alvin O. Perry</u>	ADDRESS <u>Blackfoot, Idaho</u>



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(1949 Revision of Standard Certificate)

APR 9 1956

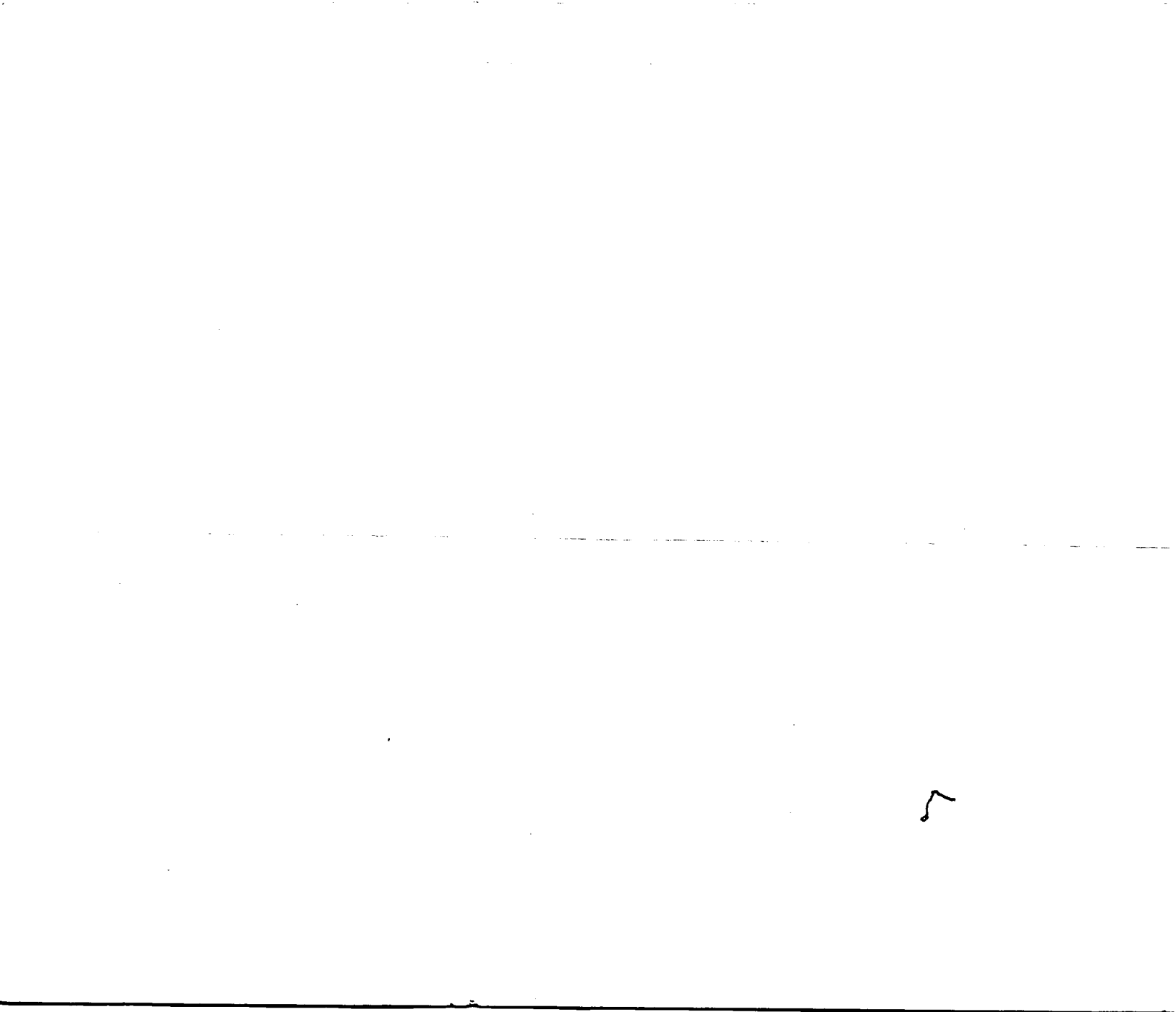
State of Idaho

State File No. 72032

Local Reg. No. 410

Reg. Dist. No. 410

1. PLACE OF BIRTH (If outside corporate limits, write RURAL and give township)		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Blaine		a. STATE Idaho	b. COUNTY Blaine
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hailey		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carey	
c. FULL NAME OF HOSPITAL OR INSTITUTION Hailey Hospital		d. STREET ADDRESS R. F. D.	
3. CHILD'S NAME (Type or Print) Leland Ross Jones			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Feb. 27, 1956
7. FATHER'S NAME a. (First) Henry Leroy Jones b. (Middle) c. (Last)			8. COLOR OR RACE White
9. AGE (At time of this birth) 35 YEARS	10. BIRTHPLACE (State or foreign country) Almo, Idaho	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Agriculture
12. MOTHER'S MAIDEN NAME a. (First) Rave b. (Middle) Hubbard c. (Last)			13. COLOR OR RACE White
14. AGE (At time of this birth) 32 YEARS	15. BIRTHPLACE (State or foreign country) American Falls, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Henry Leroy Jones			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH LBS. 12 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Protrusion of the Cord. - <del>Birth</del> Breech position 20b. MATERNAL CAUSES Uterine Hypertonicity	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Footling Preeclampsia		22. STATE ALL OPERATIONS FOR DELIVERY Hatch Blunt Scissors Incision of Perineum	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE J. H. Jones	23b. DATE SIGNED 3/13/56
23c. ATTENDANT'S ADDRESS Hailey, Idaho		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL J. H. Jones
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal	25b. DATE 2/27/56	25c. NAME OF CEMETERY OR CREMATORY Gem Memorial Gardens	25d. LOCATION (City, town, or county) (State) Burley, Idaho
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE March 21-1956 Robert H. Wright		26. FUNERAL DIRECTOR'S ADDRESS J. H. Jones - Burley	



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MAR 19 1956

## CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 3-233

Local Reg. No. 3-2

Reg. Dist. No. 360

1. PLACE OF STILLBIRTH a. COUNTY <u>Canyon</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Oregon</u> b. COUNTY <u>Owyhee</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caldwell</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Homedale</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>P.O. Box 224</u>	
3. CHILD'S NAME (Type or Print) <u>Baby J. Robey</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Mar 6, 1956</u>
7. FATHER'S NAME a. (First) <u>Sherman Arthur</u> b. (Middle) <u>Robey</u> c. (Last) <u>white</u>		8. COLOR OR RACE	
9. AGE (At time of this birth) <u>48</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Adrian Mo.</u>	11a. USUAL OCCUPATION <u>Farm laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Jerald Carda</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Velma</u> b. (Middle) <u>Flornce</u> c. (Last) <u>Robey</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>41</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Lake Park, Ark.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>9</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>3</u>	
17. INFORMANT <u>Mrs Velma J. Robey</u>			
18a. LENGTH OF PREGNANCY <u>32</u> WEEKS	18b. WEIGHT AT BIRTH <u>7</u> LBS. <u>6</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Mar - 15 - 55</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>pulmonary failure amniotic operation</u>		20a. FETAL CAUSES <u>premature separation placenta</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>3:45</u> p.m. <u>Caldwell, Idaho</u>		23a. ATTENDANT'S SIGNATURE (Specify if M., D., midwife, or other) <u>John J. Funder, M.D.</u>	
23b. DATE SIGNED <u>3-6-56</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>John J. Funder, M.D.</u>	
25a. CEMETERY CREMATION, REMOVAL (Specify) <u>3-6-56</u>		25b. DATE <u>3-6-56</u>	
25c. NAME OF CEMETERY OR CREMATORY <u>Canyon Hill Cemetery</u>		25d. LOCATION (City, town, or county) (State) <u>Caldwell Idaho</u>	
DATE REC'D BY LOCAL REG. <u>3-16-56</u>		REGISTRAR'S SIGNATURE <u>Agnis M. Denman</u>	
26. FUNERAL DIRECTOR <u>Chaffey Funeral Chapel</u>		ADDRESS <u>Caldwell, Idaho</u>	

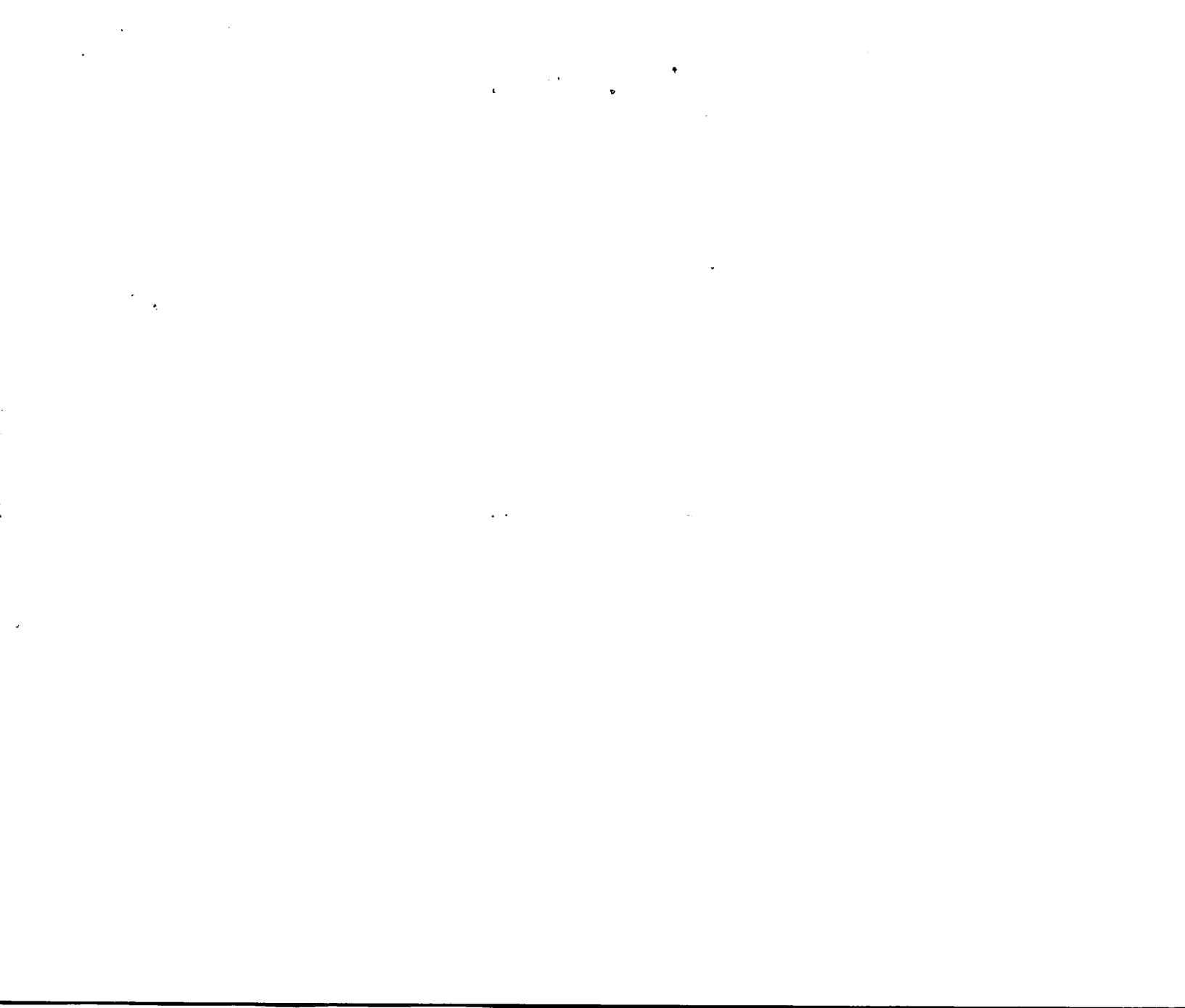
22

REC'D  
APR 9 1956  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

(1949 Revision of Standard Certificate)

State File No. 234  
Local Reg. No. 362  
Reg. Dist. No. 362

1. PLACE OF STILLBIRTH a. COUNTY <b>CANYON</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>IDAHO</b> b. COUNTY <b>CANYON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>NAMPA</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>NAMPA</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>MERCY HOSPITAL</b>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <b>RALPH E. MORRISON</b>			
4. SEX <b>M</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <b>MARCH 3, 1956</b>
7. FATHER'S NAME a. (First) <b>ALVIN</b> b. (Middle) <b>L.</b> c. (Last) <b>MORRISON</b>		8. COLOR OR RACE	
9. AGE (At time of this birth) <i>not att.</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>not obtained</i>	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <b>LOIS</b> b. (Middle) <b>STEVESON</b> c. (Last) <b>CUTTLE</b>		13. COLOR OR RACE	
14. AGE (At time of this birth) <b>40</b> YEARS	15. BIRTHPLACE (State or foreign country) <i>little ill.</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <b>11</b> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <i>Taken from Records.</i>			
18a. LENGTH OF PREGNANCY <b>38</b> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Cause undetermined</i>		
	20b. MATERNAL CAUSES <i>none</i>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>none</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>none</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>8:45 a.m.</b>	23a. ATTENDANT'S SIGNATURE <i>[Signature]</i>		23b. DATE SIGNED <b>3.30.56</b>
	23. ATTENDANT'S ADDRESS <i>[Address]</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>[Signature]</i>
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE <b>March 4, 1956</b>	25c. NAME OF CEMETERY OR CREMATORY <i>Sheldon Cemetery</i>	25d. LOCATION (City, town, or county) (State) <i>Sheldon Idaho</i>
DATE REC'D BY LOCAL REG. <b>March 27, 1956</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	26. FUNERAL DIRECTOR <i>Chas. B. Plabiff</i>	





MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
For definition of Stillbirth see reverse side of certificate.

RECEIVED FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE APR 13 1956		CERTIFICATE OF STILLBIRTH		STATE FILE NO. <u>035</u>	
		<del>IDAHO</del> IDAHO		REGISTRAR'S NO. <u>24</u>	
1. PLACE OF STILLBIRTH a. COUNTY <u>Franklin</u> b. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Preston</u> c. FULL NAME OF (If not in hospital or institution, give st. address or loc.) HOSPITAL OR INSTITUTION <u>Preston General Memorial</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Franklin</u> c. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Dayton</u> d. STREET ADDRESS (If rural, give location)		
3. CHILD'S NAME (Type or Print) <u>Baby Boy Henderson</u>					
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE OF (Month) (Day) (Year) STILLBIRTH <u>March 15 1956</u>		
7. FATHER'S NAME a. (First) <u>Herman Henderson</u> b. (Middle) c. (Last)			8. COLOR OR RACE <u>White</u>		
9. AGE (At time of this birth) <u>13</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Clifton, Idaho</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUS. OR INDUSTRY <u>Farm</u>		
12. MOTHER'S MAIDEN NAME a. (First) <u>Ardell Johnson Henderson</u> b. (Middle) c. (Last)			13. COLOR OR RACE <u>White</u>		
14. AGE (At time of this birth) <u>40</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Preston, Idaho</u>	16. Children previously born to this mother (Do NOT include this child) a. How many children are now living? <u>Two</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 wks. pregnancy)? <u>None</u>			
17. INFORMANT'S NAME AND ADDRESS <u>Herman H. Henderson Dayton, Idaho</u>					
18a. LENGTH OF PREGNANCY <u>37</u> WEEKS	18b. WT. AT BIRTH <u>6</u> LBS. <u>GRAMS.</u> or <u>OZS.</u>	18c. LGTH AT BIRTH IN. or CM.	19. LEGITIMATE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20. DID DEATH OCCUR BEFORE LABOR <input checked="" type="checkbox"/> DURING LABOR <input checked="" type="checkbox"/>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Exencephalocoele</u>		20b. MATERNAL CAUSES <u>none</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>			
I HEREBY CERTIFY THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BORN DEAD ON THE DATE STATED ABOVE AT _____ M.		23a. ATTENDANT'S SIGNATURE <u>Delbert E. Schabel</u> 23c. ATTENDANT'S ADDRESS		23b. DATE SIGNED <u>MO 3/16/56</u> 23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>Phyllis Webb</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL <u>Burial</u> (Specify)	25b. DATE <u>March 16, 1956</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Preston Cemetery</u>		25d. LOCATION (City, town or county) (State) <u>Preston, Franklin Idaho</u>	
DATE REC'D BY <u>3-16-56</u>	REGISTRAR'S SIGNATURE <u>E. H. Brown</u>	26. FUNERAL DIRECTOR'S SIGNATURE, NUMBER AND ADDRESS <u>Webb Funeral Home Preston, Idaho</u> <u>#252</u>			

## DEFINITIONS OF TERMS

**STILLBIRTH**—A stillborn child is one which shows no evidence of life after complete birth (no breathing, no action of heart, no movements of voluntary muscle). \*The period of uteral gestation of registration of stillbirths is a 5 months (20 weeks) or more gestation.

**LIVE BIRTH**—A liveborn child is one which shows any evidence of life (breathing) after complete birth. Birth is considered complete when the child is altogether (head, trunk and limbs) outside the body of the mother even if the cord is uncut and the placenta still attached.

**ABORTION**—The expulsion of a nonviable product of conception occurring before the seventh lunar month or 6½ calendar months (28th week) of gestation is considered an abortion.

**MISCARRIAGE**—A less desirable term, synonymous with abortion.

**PREMATURE**—The termination of pregnancy in the period from the beginning of the 28th to the end of the 37th week of gestation is considered premature.

**PUERPERIUM**—The puerperium is the period of 6 weeks immediately following the expulsion of the product of conception.

**POSTPARTUM PERIOD**—Synonymous with puerperium.

**NEONATAL**—The neonatal period is defined as that in which the infant is less than 1 month (less than 30 days) of age.

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(1949 Revision of Standard Certificate)

APR 6 1956

## CERTIFICATE OF STILLBIRTH

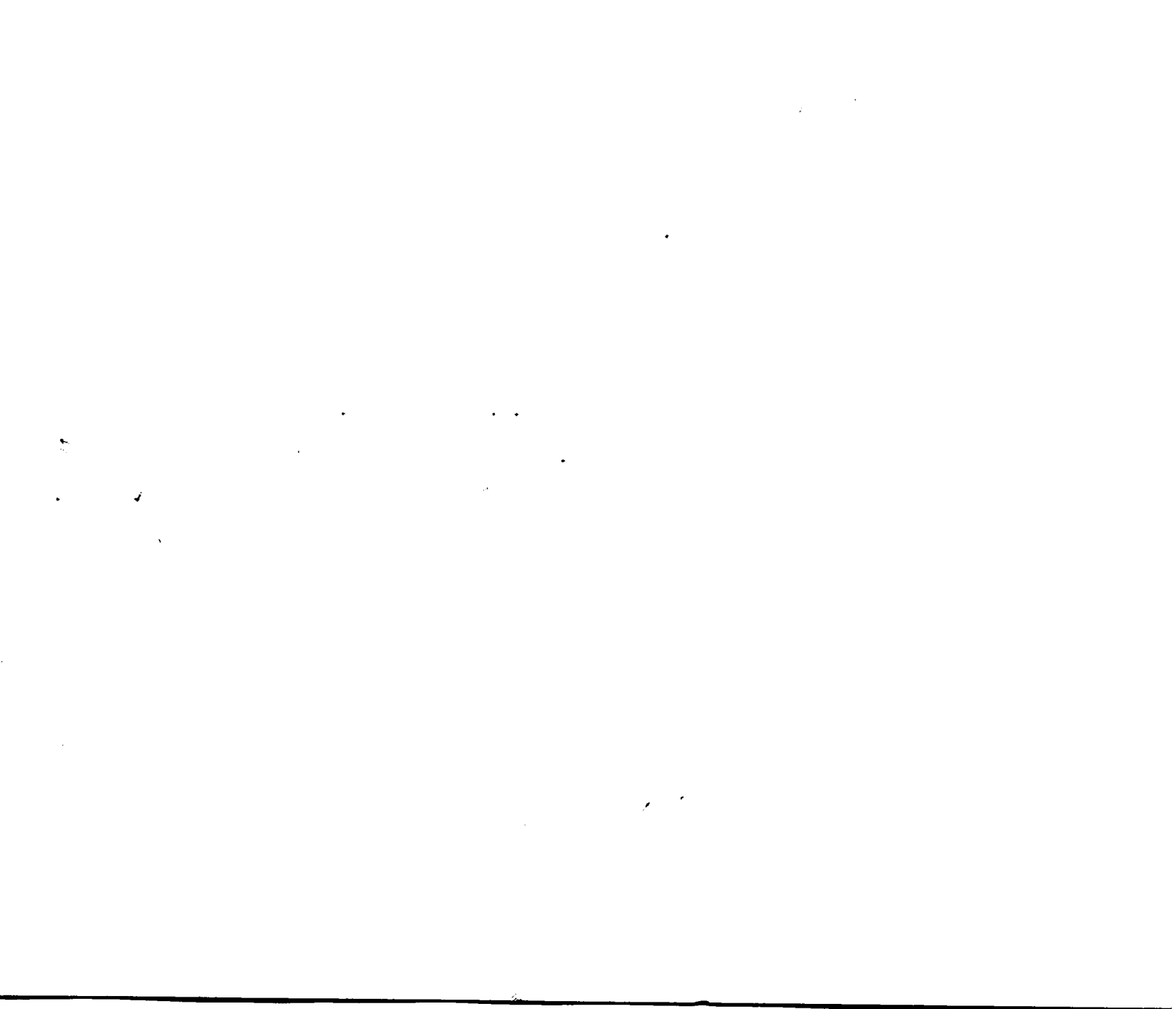
State of Idaho

State File No. 036

Local Reg. No. 1939

Reg. Dist. No. 420

1. PLACE OF STILLBIRTH a. COUNTY <b>Gooding</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Gooding</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Gooding</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Gooding</b>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Gooding County Mem. Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>241 Arizona</b>	
3. CHILD'S NAME (Type or Print) <b>Mathew Henry Heller</b>			
4. SEX <b>Male</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <b>March 25, 1956</b>
7. FATHER'S NAME a. (First) <b>Jasper</b> b. (Middle) <b>Eugene</b> c. (Last) <b>Heller</b>		8. COLOR OR RACE <b>White</b>	
9. AGE (At time of this birth) <b>35</b> YEARS	10. BIRTHPLACE (State or foreign country) <b>Gooding, Idaho</b>	11a. USUAL OCCUPATION <b>U.S. Postal Dept.</b>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <b>Arlene</b> b. (Middle) <b>W.</b> c. (Last) <b>Myers</b>		13. COLOR OR RACE <b>White</b>	
14. AGE (At time of this birth) <b>34</b> YEARS	15. BIRTHPLACE (State or foreign country) <b>Florida</b>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <b>6</b> b. How many children were born alive but are now dead? <b>none</b> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>none</b>	
17. INFORMANT <b>Jasper E. Heller</b>			
18a. LENGTH OF PREGNANCY <b>38</b> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <b>None</b> 20b. MATERNAL CAUSES <b>Abrupted Placenta</b>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY <b>Caesarian section</b>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>4:20 A.M.</b>		23a. ATTENDANT'S SIGNATURE <b>Henry J. Leroy, M.D.</b> 23b. DATE SIGNED <b>3/27/56</b>	
23c. ATTENDANT'S ADDRESS <b>Gooding, Idaho</b>		24. SIGNATURE OF AUTHORIZED OFFICIAL <b>Dr. J. J. J. J.</b> TITLE <b>THOMPSON CHAPEL</b>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	25b. DATE <b>3/28/56</b>	25c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Cemetery</b>	25d. LOCATION (City, town, or county) (State) <b>Gooding, Idaho</b>
DATE REC'D BY LOCAL REG. <b>4-2-56</b>	REGISTRAR'S SIGNATURE <b>J. H. Amoree</b>	26. FUNERAL DIRECTOR <b>Dr. J. J. J. J.</b> ADDRESS <b>THOMPSON CHAPEL</b> <b>GOODING, IDAHO</b>	



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(1949 Revision of Standard Certificate)

State File No. 037  
Local Reg. No. 1  
Reg. Dist. No. 120

APR 6 1956

CERTIFICATE OF STILLBIRTH

State of Idaho

1. PLACE OF BIRTH (If outside corporate limits, write RURAL and give township) a. COUNTY <u>Kootenai</u> b. CITY OR TOWN <u>Coeur d'Alene</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Kootenai</u> c. CITY OR TOWN <u>Post Falls</u> d. STREET ADDRESS <u>Rt #2</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Boy Cunningham</u>			
4. SEX <u>M</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>3</u> <u>29</u> <u>1956</u>
7. FATHER'S NAME a. (First) <u>Clarence</u> b. (Middle) <u>Cunningham</u> c. (Last) <u>Cunningham</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>40</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Ashton Idaho</u>	11a. USUAL OCCUPATION <u>Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Kaiser Plant Spokane</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Carmen</u> b. (Middle) <u>Bradshaw</u> c. (Last) <u>Bradshaw</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>30</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Hurricane Utah</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>4</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>8</u> LBS. <u>1</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>10-17-55</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Baby died 7-10 days before delivery</u> 20b. MATERNAL CAUSES <u>Strangling knot in umbilical cord -</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Lorraine K. Brush</u> 23b. ATTENDANT'S ADDRESS <u>Coeur d'Alene, Idaho</u>	23b. DATE SIGNED <u>3-30-56</u> 24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Lorraine K. Brush</u> TITLE <u>Registrar</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>3-30-56</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Forest</u>	25d. LOCATION (City, town, or county) (State) <u>Coeur d'Alene Idaho</u>
DATE REC'D BY LOCAL REG. <u>3-30-56</u>	REGISTRAR'S SIGNATURE <u>Lorraine K. Brush</u>	FUNERAL DIRECTOR <u>Lorraine K. Brush</u> ADDRESS <u>Coeur d'Alene Idaho</u>	



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(1949 Revision of Standard Certificate)

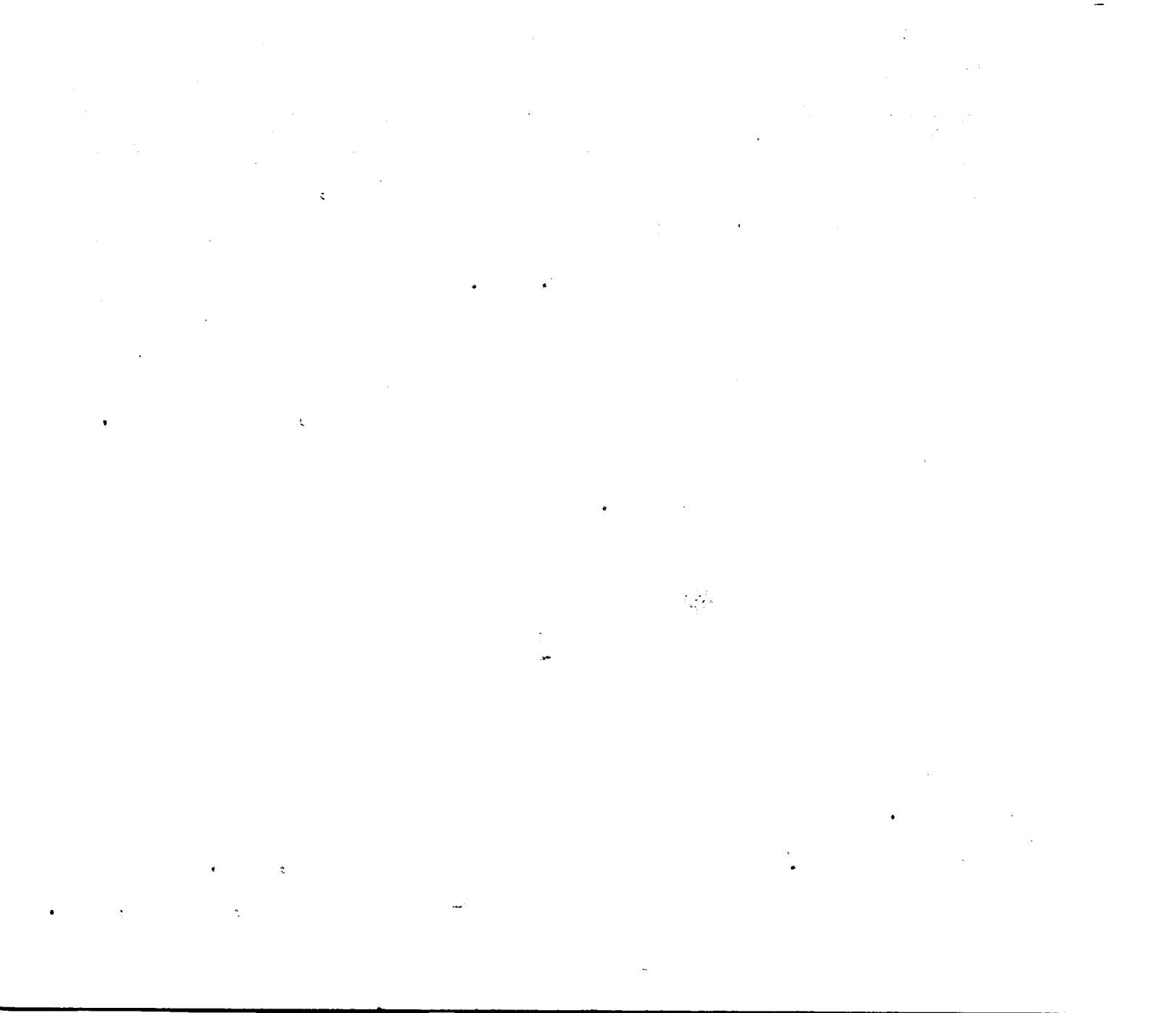
**CERTIFICATE OF STILLBIRTH**

State of Idaho

State File No. 48038Local Reg. No. 220Reg. Dist. No. 220

MAR 14 1956

1. PLACE OF STILLBIRTH a. COUNTY <b>NezPerce</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>NezPerce</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lewiston</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lewiston,</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>St Joseph's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>631 Park</b>	
3. CHILD'S NAME (Type or Print) <b>Inf Son</b> <b>Mr. &amp; Mrs. Ruben Meadows</b>			
4. SEX <b>male</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <b>March 8 1956</b>
7. FATHER'S NAME a. (First) <b>Ruben</b> b. (Middle) c. (Last) <b>Meadows</b>		8. COLOR OR RACE <b>white</b>	
9. AGE (At time of this birth) <b>25</b> YEARS	10. BIRTHPLACE (State or foreign country) <b>Salt Lake City Utah</b>	11a. USUAL OCCUPATION <b>Service station att.</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>Standard Oil Co.</b>
12. MOTHER'S MAIDEN NAME a. (First) <b>Beverly</b> b. (Middle) c. (Last) <b>Wyatt</b>		13. COLOR OR RACE <b>White</b>	
14. AGE (At time of this birth) <b>22</b> YEARS	15. BIRTHPLACE (State or foreign country) <b>Lewiston, Idaho.</b>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <b>1</b> b. How many children were born alive but are now dead? <b>1</b> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <b>* Ruben Meadows</b>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... <b>Approximate date</b>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <b>Asphyxiation</b> 20b. MATERNAL CAUSES <b>Spontaneous rupture of uterus</b>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>4:53 a.</b> m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <b>E. J. White, M.D.</b> 23b. DATE SIGNED <b>3/10/56</b>	
23c. ATTENDANT'S ADDRESS <b>307 St. John's way</b>		24. SIGNATURE OF AUTHORIZED OFFICIAL <b>Dr. Vassar</b> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	25b. DATE <b>3/10/56</b>	25c. NAME OF CEMETERY OR CREMATORY <b>Normal Hill Cemetery</b>	25d. LOCATION (City, town, or county) (State) <b>Lewiston, Idaho.</b>
DATE REC'D BY LOCAL REG. <b>3-10-56</b>	REGISTRAR'S SIGNATURE <b>Nancy Richards</b>	26. FUNERAL DIRECTOR <b>Vassar-Rawls Funeral Home, Lewiston, Idaho.</b>	





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(1949 Revision of Standard Certificate)

MAR 14 1956 CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

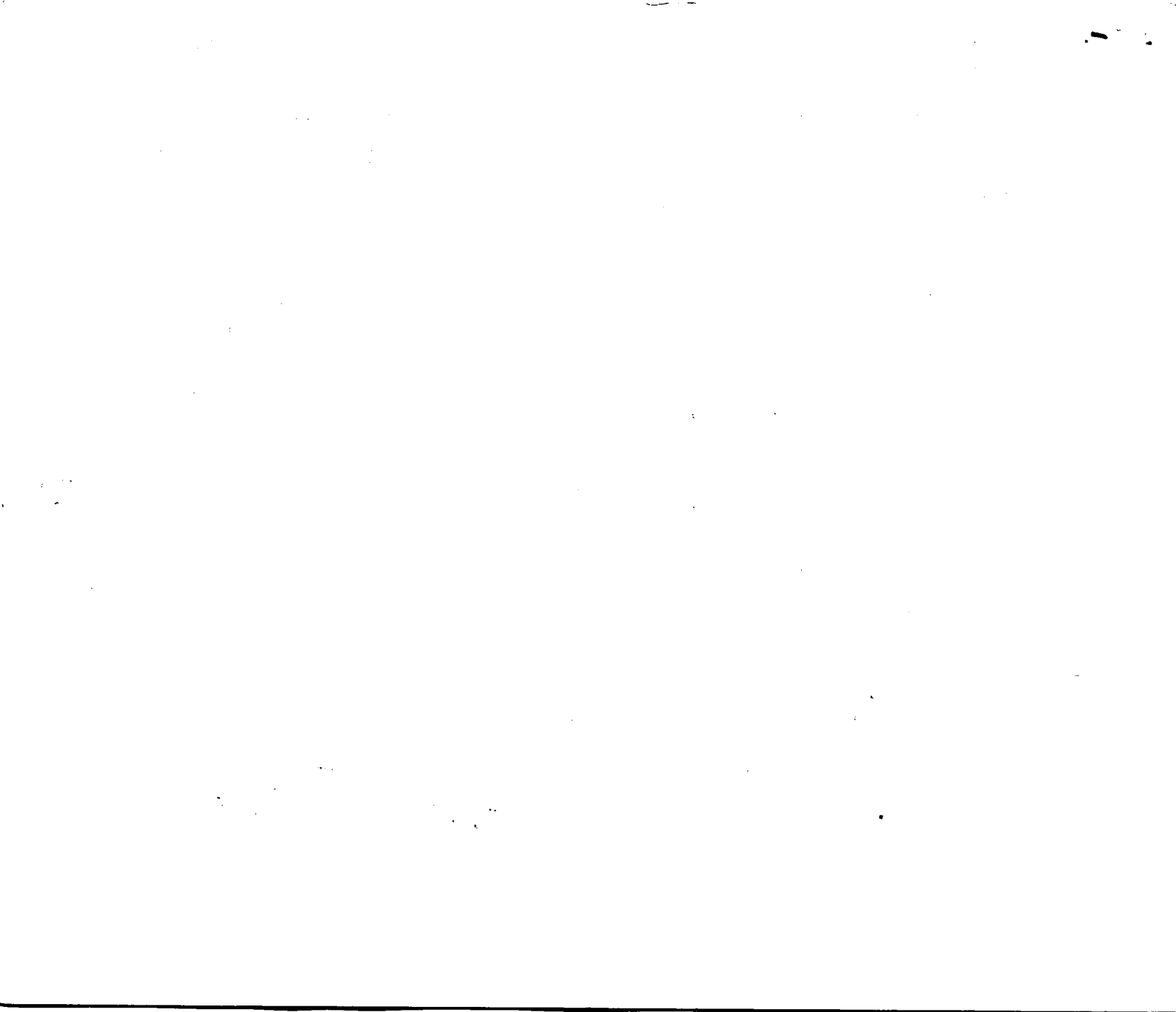
State of Idaho

State File No. 039

Local Reg. No. 49

Reg. Dist. No. 220

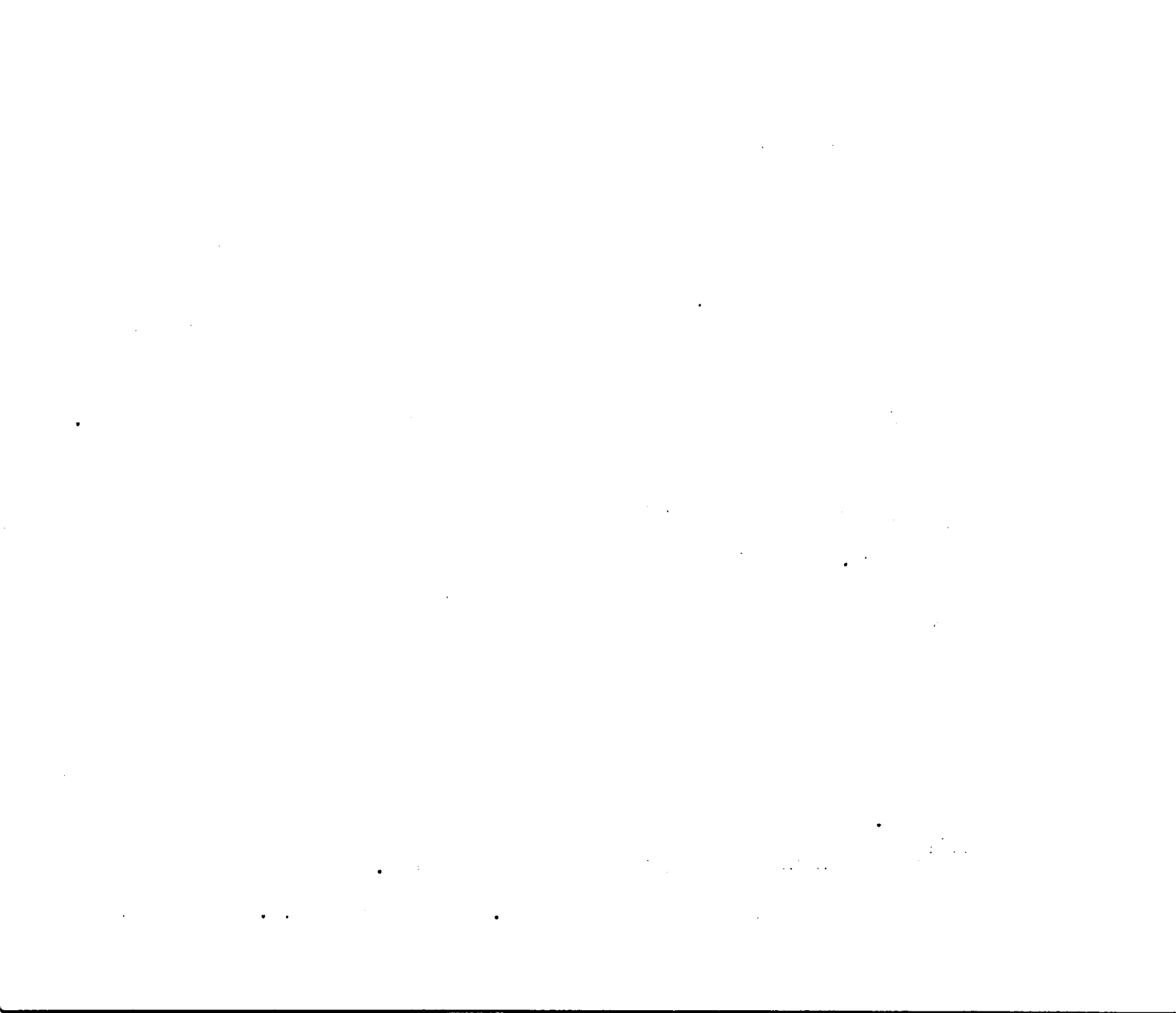
1. PLACE OF STILLBIRTH a. COUNTY <b>Nez Perce</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Washington</b> b. COUNTY <b>Asotin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lewiston</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clarkston</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>St Joseph Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Rt#1 Box 181</b>	
3. CHILD'S NAME (Type or Print) <b>BABY JACKSON</b>			
4. SEX <b>Male</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <b>March 9, 1956</b>
7. FATHER'S NAME a. (First) <b>Donald</b> b. (Middle) <b>C</b> c. (Last) <b>Jackson</b>		8. COLOR OR RACE <b>White</b>	
9. AGE (At time of this birth) <b>39</b> YEARS	10. BIRTHPLACE (State or foreign country) <b>St. Cloud, Minn</b>	11a. USUAL OCCUPATION <b>Laborer</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>Lumber</b>
12. MOTHER'S MAIDEN NAME a. (First) <b>Gertrude</b> b. (Middle) <b>Flerchenger</b> c. (Last) <b>White</b>		13. COLOR OR RACE <b>White</b>	
14. AGE (At time of this birth) <b>32</b> YEARS	15. BIRTHPLACE (State or foreign country) <b>Lewiston, Idaho</b>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <b>3</b> b. How many children were born alive but are now dead? <b>1</b> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b>	
17. INFORMANT <b>Donald B Jackson</b>			
18a. LENGTH OF PREGNANCY <b>20</b> WEEKS	18b. WEIGHT AT BIRTH <b>1</b> LBS. <b>8</b> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <b>none</b>		
	20b. MATERNAL CAUSES <b>Chronic hypertension</b>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>2:28 a. m.</b>	23. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <b>[Signature]</b>		23b. DATE SIGNED <b>Mar. 12-56</b>
	23c. ATTENDANT'S ADDRESS <b>[Address]</b>	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <b>[Signature]</b> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	25b. DATE <b>3/12/56</b>	25c. NAME OF CEMETERY OR CREMATORY <b>Vineland</b>	25d. LOCATION (City, town, or county) (State) <b>Clarkston, Washington</b>
DATE REC'D BY LOCAL REG. <b>3-12-56</b>	REGISTRAR'S SIGNATURE <b>Nancy Richards</b>	26. FUNERAL DIRECTOR <b>McMerchant</b>	ADDRESS <b>Clarkston, Washington</b>



**RECEIVED** (1949 Revision of Standard Certificate)  
**CERTIFICATE OF STILLBIRTH**  
**APR 9 1956** **State of Idaho**

State File No. **940**  
Local Reg. No. **074**  
Reg. Dist. No. **466**

1. PLACE OF STILLBIRTH a. COUNTY <b>Twin Falls</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Twin Falls</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Twin Falls</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Twin Falls</b>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Magic Valley Memorial Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>2061 Maple Street</b>	
3. CHILD'S NAME (Type or Print) <b>Baby Boy Windham</b>			
4. SEX <b>Male</b>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <b>March 13, 1956</b>
7. FATHER'S NAME a. (First) <b>Henry</b> b. (Middle) <b>Clinton</b> c. (Last) <b>Windham</b>		8. COLOR OR RACE <b>White</b>	
9. AGE (At time of this birth) <b>34 YEARS</b>	10. BIRTHPLACE (State or foreign country) <b>Oklahoma</b>	11a. USUAL OCCUPATION <b>Sales Representative</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>Sinclair Oil Co.</b>
12. MOTHER'S MAIDEN NAME a. (First) <b>Ellen</b> b. (Middle) <b>Marie</b> c. (Last) <b>Morton</b>		13. COLOR OR RACE <b>White</b>	
14. AGE (At time of this birth) <b>29 YEARS</b>	15. BIRTHPLACE (State or foreign country) <b>California</b>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <b>4</b> b. How many children were born alive but are now dead? <b>0</b> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b>	
17. INFORMANT <b>Mrs. Ellen Windham</b>			
18a. LENGTH OF PREGNANCY <b>32 WEEKS</b>	18b. WEIGHT AT BIRTH <b>2 LBS. 3 1/2 OZS.</b>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <b>First Trimester</b>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <b>Prematurity</b>		20a. FETAL CAUSES <b>Prematurity</b> 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>8:00 P. m.</b>		23a. ATTENDANT'S SIGNATURE (Specify if M., D., midwife, or other) <b>Dean W. Appleck M.D.</b> 23c. ATTENDANT'S ADDRESS <b>Twin Falls, Idaho</b>	
23b. DATE SIGNED <b>3-13-56</b>		24. SIGNATURE OF AUTHORIZED OFFICIAL <b>J. Woodson Creed, M.D.</b> TITLE	
25a. <del>EMERGENCY</del> CREMATION (Specify) <b>NO</b>	25b. DATE <b>3-14-56</b>	25c. NAME OF CEMETERY OR CREMATORY <b>Magic Valley Memorial Hosp.</b> 25d. LOCATION (City, town, or county) (State) <b>Twin Falls, Idaho</b>	
DATE REC'D BY LOCAL REG. <b>Mar. 20, 1956</b>		26. FUNERAL DIRECTOR <b>White &amp; Woodson</b> <b>J. Woodson Creed, M.D. Twin Falls, Idaho</b>	



**RECEIVED**

(1949 Revision of Standard Certificate)

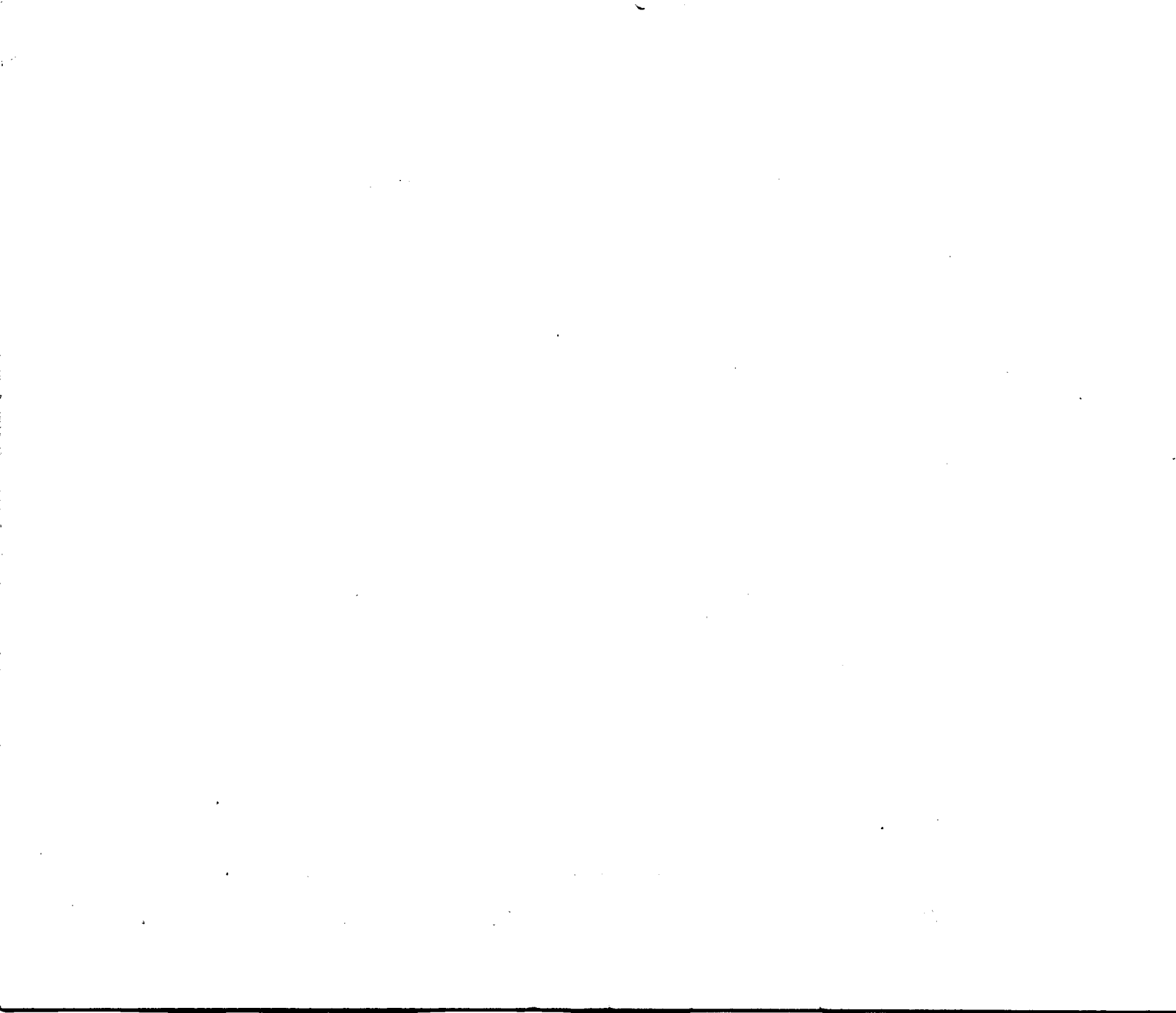
**CERTIFICATE OF STILLBIRTH**

State of Idaho

State File No. 41  
Local Reg. No. 273  
Reg. Dist. No. 460

APR 9 1956

1. PLACE OF STILLBIRTH (If outside corporate limits, write RURAL and give township) a. COUNTY <b>Twin Falls</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Twin Falls</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Twin Falls</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Filer</b>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Magic Valley Memorial Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Route 2</b>	
3. CHILD'S NAME (Type or Print) <b>Barbara Irene Melton</b>			
4. SEX <b>Female</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <b>March 14, 1956</b>
7. FATHER'S NAME a. (First) <b>William</b> b. (Middle) <b>Alexander</b> c. (Last) <b>Melton</b>		8. COLOR OR RACE <b>White</b>	
9. AGE (At time of this birth) <b>42 YEARS</b>	10. BIRTHPLACE (State or foreign country) <b>Tennessee</b>	11a. USUAL OCCUPATION <b>Farmer</b>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <b>Margaret</b> b. (Middle) <b>Brabb</b> c. (Last) <b>White</b>		13. COLOR OR RACE <b>White</b>	
14. AGE (At time of this birth) <b>34 YEARS</b>	15. BIRTHPLACE (State or foreign country) <b>Idaho</b>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <b>4</b> b. How many children were born alive but are now dead? <b>1</b> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>1</b>	
17. INFORMANT <b>Former Chart</b>			
18a. LENGTH OF PREGNANCY <b>40 WEEKS</b>	18b. WEIGHT AT BIRTH <b>7 LBS. 4 OZS.</b>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <b>First Trimester</b>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <b>None</b>	
		20b. MATERNAL CAUSES <b>Abruptio placenta</b>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>2:30 P. m.</b>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>[Signature]</i> 23c. ATTENDANT'S ADDRESS <b>Filer, Idaho</b>	
		23b. DATE SIGNED <b>3-15-56</b>	
		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	25b. DATE <b>3/16/56</b>	25c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery</b>	25d. LOCATION (City, town, or county) (State) <b>Filer, Idaho.</b>
DATE REC'D BY LOCAL REG. <b>Mar. 16, 1956</b>		REGISTERAR'S SIGNATURE <i>[Signature]</i> 25. FUNERAL DIRECTOR <b>Reynolds Funeral Home - Twin Falls, Idaho.</b>	



## RECEIVED CERTIFICATE OF STILLBIRTH

MAY 4 1956

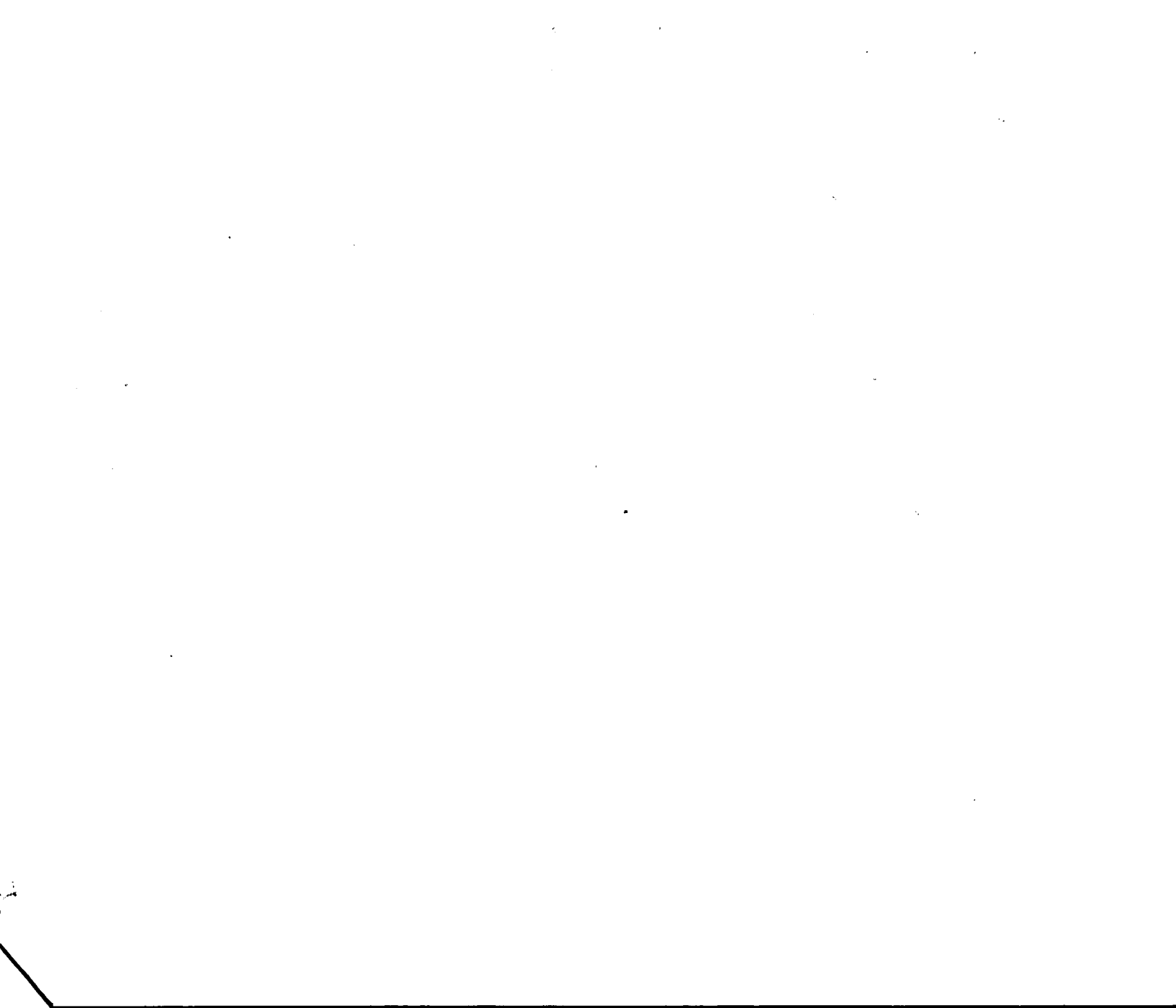
State of Idaho

State File No. 042

Local Reg. No. 139

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u> d. STREET ADDRESS (If rural, give location) <u>204 E. 39th Street</u>	
3. CHILD'S NAME (Type or Print) <u>GAIL PERRY</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 25, 1956</u>
7. FATHER'S NAME a. (First) <u>George. H. Perry.</u> b. (Middle) c. (Last)		8. COLOR OR RACE <u>White.</u>	
9. AGE (At time of this birth) <u>40</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Grove Oklahoma.</u>	11a. USUAL OCCUPATION <u>Lumber Yard Laborer.</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Levora Revels.</u> b. (Middle) c. (Last)		13. COLOR OR RACE <u>White.</u>	
14. AGE (At time of this birth) <u>37.</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Commerce Okla.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>6</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>George H. Perry 204 E 39th St</u>			
18a. LENGTH OF PREGNANCY <u>38</u> WEEKS	18b. WEIGHT AT BIRTH <u>8</u> LBS. <u>8</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Unknown</u> 20b. MATERNAL CAUSES <u>Unknown</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Cesarian Section</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>9:30 p.m.</u>		23a. ATTENDANT'S SIGNATURE <u>W. J. Springer MD</u> (Specify if M.D., midwife, or other) 23b. DATE SIGNED <u>4-30-56</u>	
23c. ATTENDANT'S ADDRESS <u>Boise, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Clyde E. Summers</u> TITLE <u>SUMMERS FUNERAL HOME</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>4/26/56</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Cloverdale Memorial Park Boise, Idaho</u>	
25d. LOCATION (City, town, or county) (State) <u>Boise, Idaho</u>		25e. FUNERAL DIRECTOR <u>Clyde E. Summers</u>	
DATE REC'D BY LOCAL REG. <u>5-3-56</u>		REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	





RECEIVED  
Division of Standard Certificate)  
CERTIFICATE OF STILLBIRTH  
MAY 4 1956 State of Idaho

State File No. 043  
Local Reg. No. 134  
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u> d. STREET ADDRESS (If rural, give location) <u>811 Clover Drive</u>	
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3. CHILD'S NAME  
(Type or Print)  
APRIL MUHOBERAC

4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 26 1956</u>
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7. FATHER'S NAME a. (First) <u>John</u> b. (Middle) <u>R.</u> c. (Last) <u>Muhoberac</u>	8. COLOR OR RACE <u>White</u>
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9. AGE (At time of this birth) <u>24</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Hayward, Calif.</u>	11a. USUAL OCCUPATION <u>Manager</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Acme Fast Freight</u>
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12. MOTHER'S MAIDEN NAME a. (First) <u>Baulah</u> b. (Middle) c. (Last)	13. COLOR OR RACE <u>White</u>
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14. AGE (At time of this birth) <u>23</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Olathe, Colorado</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>
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17. INFORMANT <u>John R. Muhoberac</u>
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18. LENGTH OF PREGNANCY <u>36</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Nov 55</u>
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CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Erythroblastosis Fetalis Hydrops.</u>	20a. FETAL CAUSES 20b. MATERNAL CAUSES
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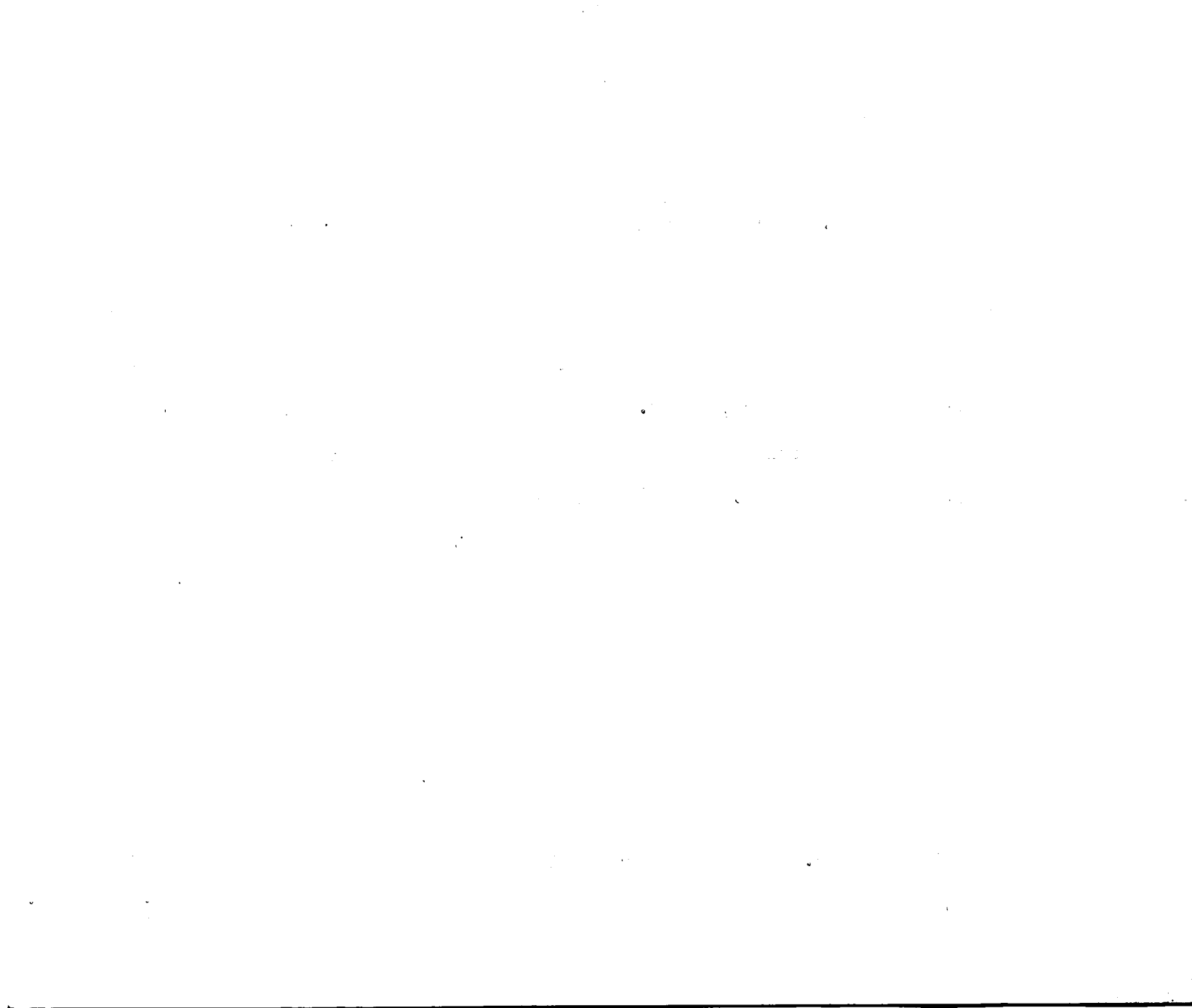
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Rh factor incompatibility</u>	22. STATE ALL OPERATIONS FOR DELIVERY <u>Low forceps, Medico-Episeotomy.</u>
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I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE <u>[Signature]</u> (Specify if M.D., midwife, or other)	23b. DATE SIGNED <u>4-28-56</u>
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23c. ATTENDANT'S ADDRESS	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u>	TITLE
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25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Apr. 28, 1956</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Morris Hill</u>	25d. LOCATION (City, town, or county) (State) <u>Boise, Idaho</u>
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DATE REC'D BY LOCAL REG. <u>5-1-56</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	26. FUNERAL DIRECTOR <u>Robert H. Dickel</u>	ADDRESS <u>318 N. Latah St. Boise, Idaho</u>
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(1949 Revision of Standard Certificate)

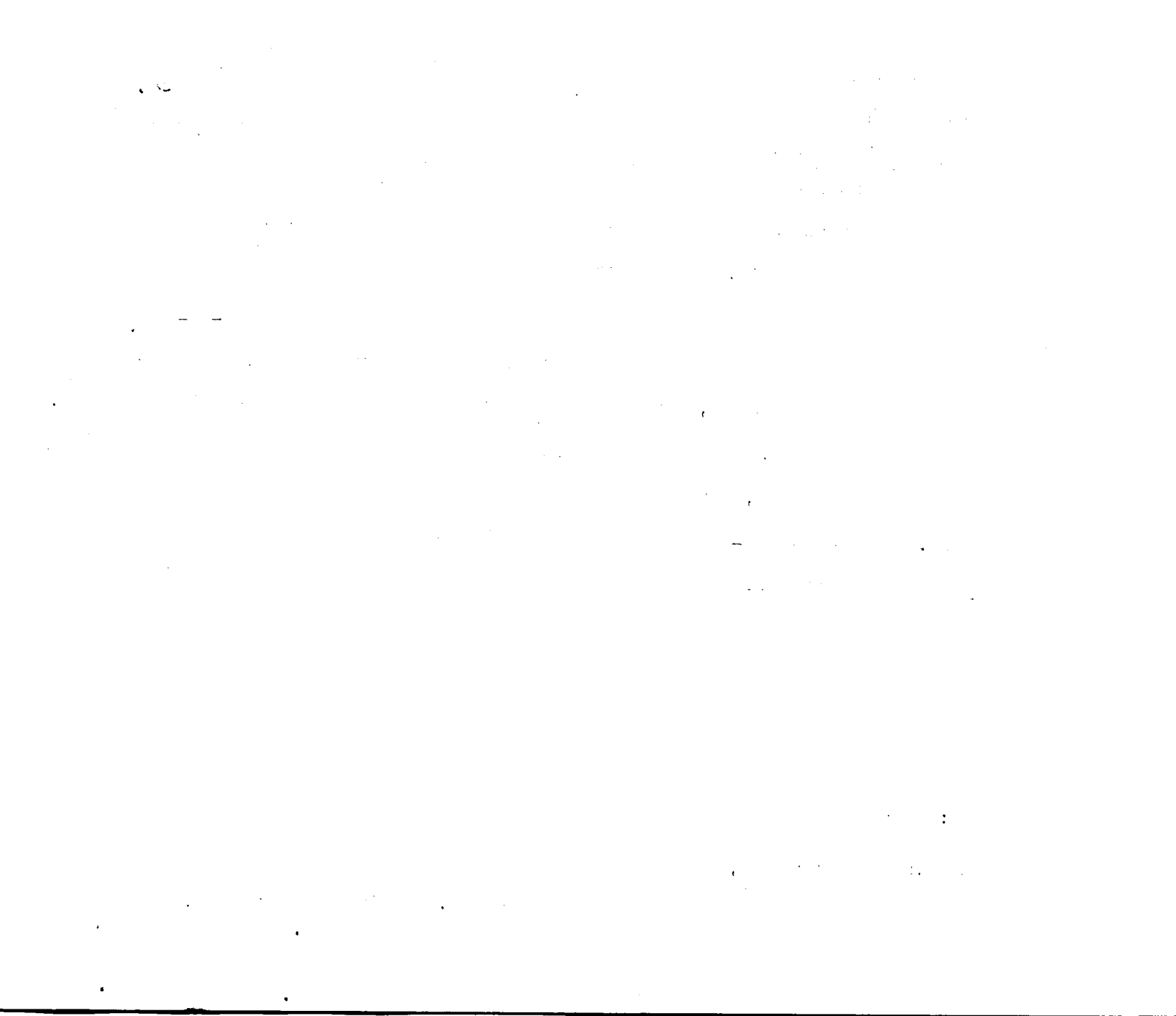
CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 044  
Local Reg. No. 1  
Reg. Dist. No. 510

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY <b>Bannock</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Bannock</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Pocatello</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Pocatello</b>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Bannock Memorial Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>197 Cottonwood</b>	
3. CHILD'S NAME (Type or Print) <b>Baby Girl Jeppson</b>			
4. SEX <b>F</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <b>3-12-56</b>
7. FATHER'S NAME a. (First) <b>Nilo</b> b. (Middle) <b>Cornell</b> c. (Last) <b>Jeppson</b>		8. COLOR OR RACE <b>white</b>	
9. AGE (At time of this birth) <b>31</b> YEARS	10. BIRTHPLACE (State or foreign country) <b>Rexburg, Idaho</b>	11a. USUAL OCCUPATION <b>Manager</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>Clover Club Foods Co.</b>
12. MOTHER'S MAIDEN NAME a. (First) <b>Verla</b> b. (Middle) <b>Korman</b> c. (Last) <b>Moss</b>		13. COLOR OR RACE <b>white</b>	
14. AGE (At time of this birth) <b>31</b> YEARS	15. BIRTHPLACE (State or foreign country) <b>Iona, Idaho</b>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <b>3</b> Three b. How many children were born alive but are now dead? <b>0</b> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b>	
17. INFORMANT <b>Mrs. Verla Jeppson - mother</b>			
18a. LENGTH OF PREGNANCY <b>22</b> WEEKS	18b. WEIGHT AT BIRTH <b>Not done</b> LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES  20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>10:30</b> a. m.		23a. ATTENDANT'S SIGNATURE (Specify M.D., midwife, or other) <b>John K. McArthur M.D.</b> 23b. DATE SIGNED <b>March 12, 1956</b>	
23c. ATTENDANT'S ADDRESS <b>Pocatello</b>		24. SIGNATURE OF AUTHORIZED OFFICIAL <b>Leon W. Manning</b> TITLE <b>Pocatello, Idaho</b>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	25b. DATE <b>March 12, 1956</b>	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <b>MAY 8 1956</b>		26. FUNERAL DIRECTOR <b>Leon W. Manning</b> ADDRESS <b>Pocatello, Idaho</b>	



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(1949 Revision of Standard Certificate)

**CERTIFICATE OF STILLBIRTH**

State of Idaho

State File No. **045**

Local Reg. No. **7**

Reg. Dist. No. **511**

**MAY 18 1956**

1. PLACE OF STILLBIRTH (State or County) <b>Bannock</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Bannock</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Pocatello</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Inkom</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Bannock Memorial Hospital</b>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <b>ANTHONY GLAID STANGER</b>			
4. SEX <b>Male</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <b>April 9, 1956</b>
7. FATHER'S NAME a. (First) <b>Calvert</b> b. (Middle) <b>Olaf</b> c. (Last) <b>Stanger</b>		8. COLOR OR RACE <b>White</b>	
9. AGE (At time of this birth) <b>24</b> YEARS	10. BIRTHPLACE (State or foreign country) <b>Inkom, Idaho</b>	11a. USUAL OCCUPATION <b>Warehouse man</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>Sale Lake &amp; Knab Co.</b>
12. MOTHER'S MAIDEN NAME a. (First) <b>Shirley</b> b. (Middle) <b>Hazel</b> c. (Last) <b>Leffler</b>		13. COLOR OR RACE <b>White</b>	
14. AGE (At time of this birth) <b>22</b> YEARS	15. BIRTHPLACE (State or foreign country) <b>Bancroft, Idaho</b>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <b>Three</b> b. How many children were born alive but are now dead? <b>None</b> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>None</b>	
17. INFORMANT <b>Shirley Hazel Stanger</b>			
18a. LENGTH OF PREGNANCY <b>30</b> WEEKS	18b. WEIGHT AT BIRTH <b>4</b> LBS. <b>8½</b> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <b>None apparent.</b>	
		20b. MATERNAL CAUSES <b>Abruptio placentae</b>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <b>Abruptio placentae</b>		22. STATE ALL OPERATIONS FOR DELIVERY <b>None.</b>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>8:40 A. m.</b>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <b>M.D.</b>	
23b. DATE SIGNED <b>27 April 1956</b>		24. SIGNATURE OF AUTHORIZED OFFICIAL <b>Jack Henderson</b>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		25b. DATE <b>Apr. 11</b>	
25c. NAME OF CEMETERY OR CREMATORY <b>Mt. View</b>		25d. LOCATION (City, town, or county) (State) <b>Pocatello, Idaho</b>	
DATE REC'D BY LOCAL REG. <b>MAY 11 1956</b>		26. FUNERAL DIRECTOR <b>Jack Henderson</b>	
REGISTRAR'S SIGNATURE <b>Dorothy Reckler</b>		ADDRESS <b>Pocatello, Idaho</b>	

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

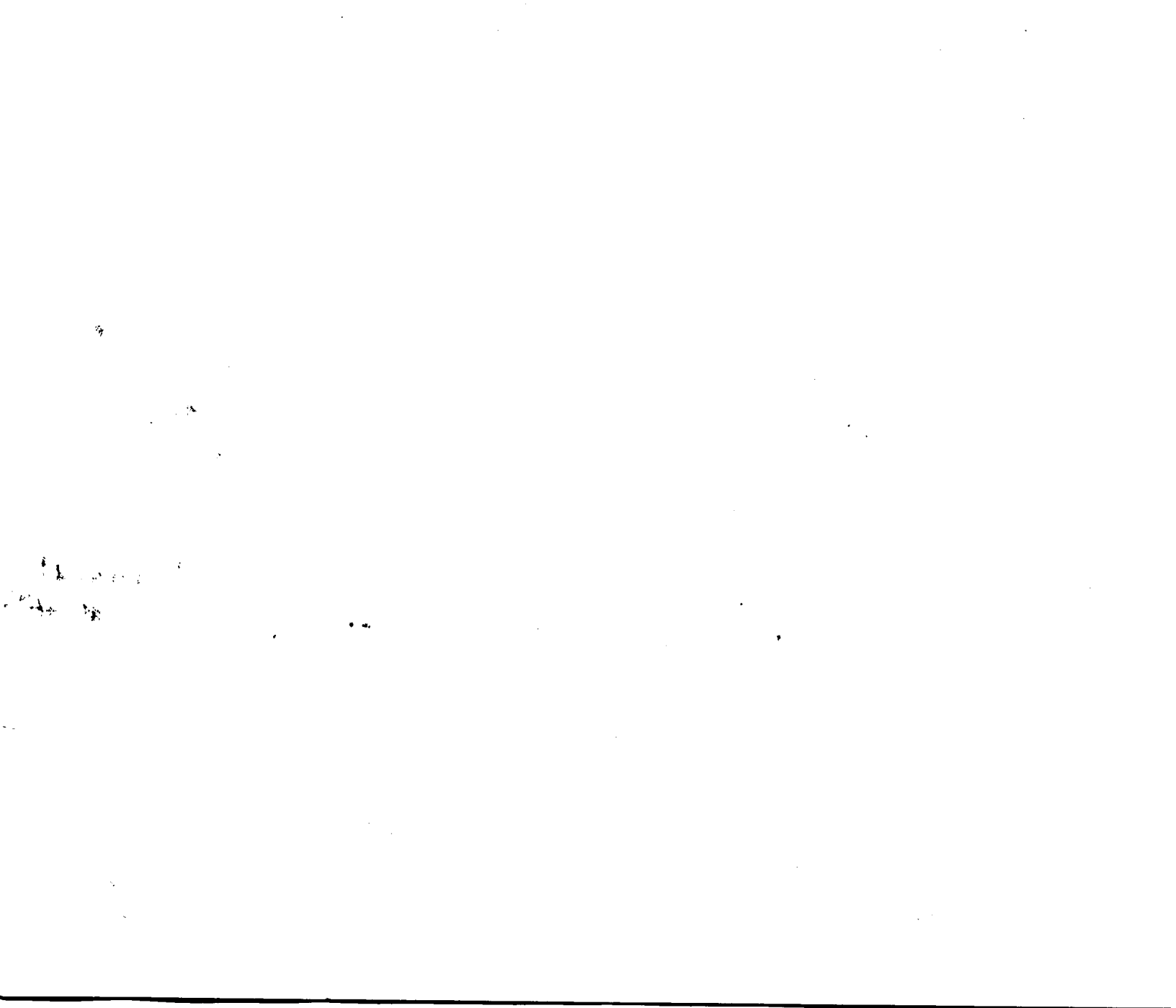
State of Idaho

State File No. ....

Local Reg. No. 106

Reg. Dist. No. 6-20

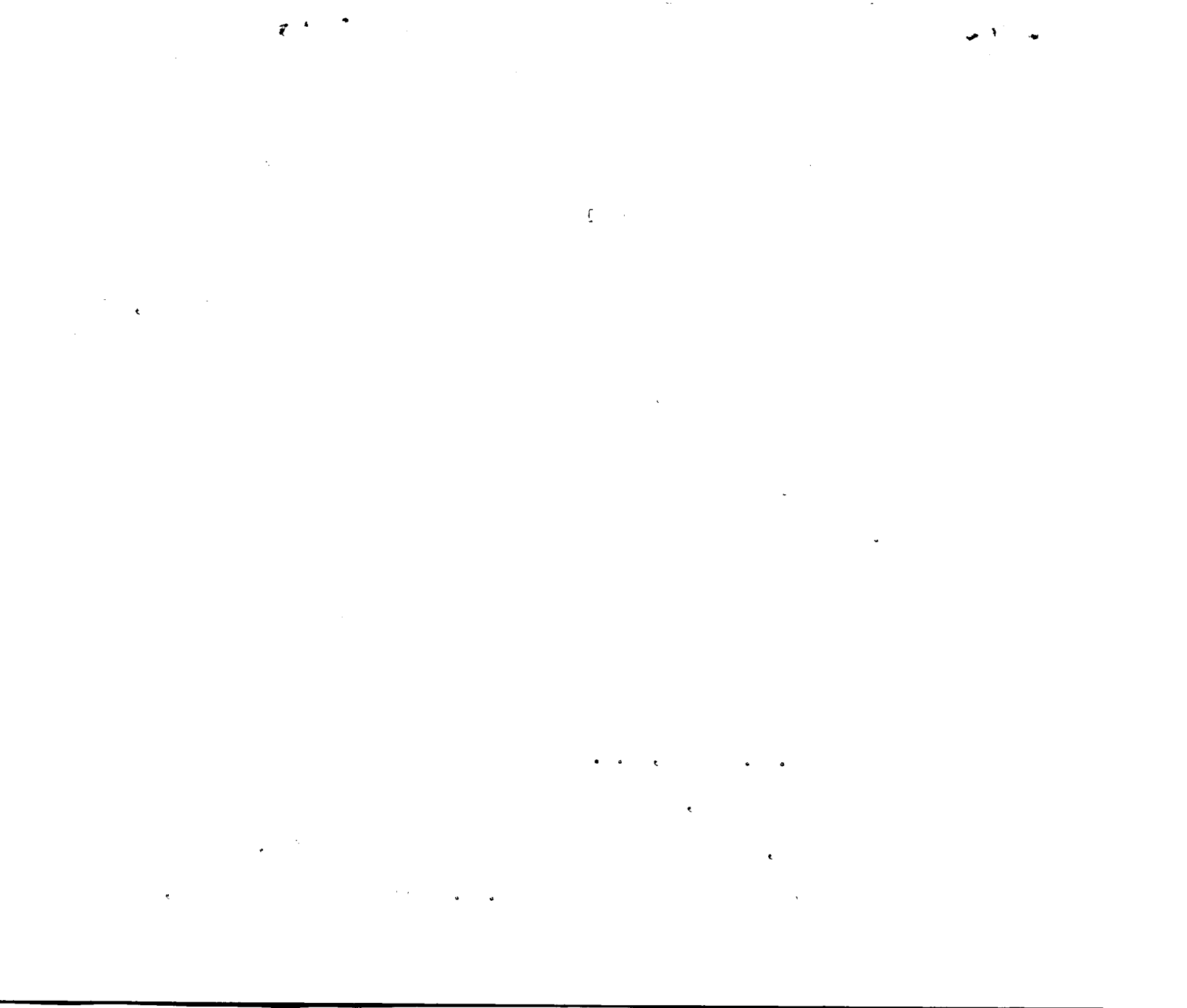
1. PLACE OF STILLBIRTH a. COUNTY <u>Bingham</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bingham</u>	
b. CITY OR TOWN <u>Blackfoot</u>		c. CITY OR TOWN <u>Blackfoot</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bingham Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Box 884</u>	
3. CHILD'S NAME (Type or Print) <u>CHILD WAS NOT NAMED</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 6, 1956</u>
7. FATHER'S NAME a. (First) <u>Raymond</u> b. (Middle) c. (Last) <u>George</u>		8. COLOR OR RACE <u>Indian</u>	
9. AGE (At time of this birth) <u>35 YEARS</u>	10. BIRTHPLACE (State or foreign country) <u>Fort Hall, Idaho</u>	11a. USUAL OCCUPATION <u>Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Gladys</u> b. (Middle) c. (Last) <u>Mink</u>		13. COLOR OR RACE <u>Indian</u>	
14. AGE (At time of this birth) <u>32 YEARS</u>	15. BIRTHPLACE (State or foreign country) <u>Fort Hall, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>Three</u> b. How many children were born alive but are now dead? <u>Two</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Gladys George</u> Mother			
18a. LENGTH OF PREGNANCY <u>38 WEEKS</u>	18b. WEIGHT AT BIRTH <u>2 LBS. 2 OZS.</u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>April</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Unknown</u> 20b. MATERNAL CAUSES <u>None</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Low forceps</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>1:43 P.m.</u>		23a. ATTENDANT'S SIGNATURE (Specify M.D., midwife, or other) <u>Walter H. Hoge M.D.</u>	
23b. DATE SIGNED <u>April 10, 1956</u>		23c. ATTENDANT'S ADDRESS <u>Blackfoot, Idaho</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>John C. Sandberg</u>		TITLE <u>Blackfoot, Idaho</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>4-9-56</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Gibson Mission</u>	25d. LOCATION (City, town, or county) (State) <u>Gibson, Idaho</u>
DATE REC'D BY LOCAL REG. <u>April 11, 1956</u>	REGISTRAR'S SIGNATURE <u>Mrs. Helen E. Sandberg</u>	26. FUNERAL DIRECTOR <u>John C. Sandberg</u>	ADDRESS <u>Blackfoot, Idaho</u>





(1949 Revision of Standard Certificate)  
**CERTIFICATE OF STILLBIRTH**  
State of IdahoState File No. 289-047  
Local Reg. No. 110  
Reg. Dist. No. 110

1. PLACE OF STILLBIRTH a. COUNTY <b>Bonner</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Bonner</b>	
b. CITY OR TOWN <b>Sandpoint</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sandpoint</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bonner General Hospital</b>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <b>Brabant</b>			
4. SEX <b>male</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <b>April 14, 1956</b>
7. FATHER'S NAME a. (First) <b>Verle</b>		b. (Middle) <b>Brabant</b>	c. (Last) <b>W</b>
8. COLOR OR RACE	9. AGE (At time of this birth) YEARS <b>Wolf Point, Montana</b>		
10. BIRTHPLACE (State or foreign country)		11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <b>Mavis</b>		b. (Middle) <b>Georgena</b>	c. (Last) <b>Johnson</b>
13. COLOR OR RACE <b>W</b>		14. AGE (At time of this birth) YEARS <b>N. Dakota</b>	
15. BIRTHPLACE (State or foreign country)		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <b>Verle G. Brabant</b>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... <b>Approximate date</b>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <b>Premature birth 5½ mo gestation</b>	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>m.</b>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <b>J. P. Munson, M.D.</b>	
23b. DATE SIGNED <b>4-23-56</b>		23c. ATTENDANT'S ADDRESS <b>Sandpoint, Idaho</b>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <b>L. G. Moon</b>		TITLE <b>Sandpoint, Idaho</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	24b. DATE <b>Apr 14, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Moon Funeral Home</b>	
24d. LOCATION (City, town, or county) (State) <b>Sandpoint, Idaho</b>			
DATE REC'D BY LOCAL REG. <b>Grace Ralph</b>		25. FUNERAL DIRECTOR ADDRESS <b>L. G. Moon Sandpoint, Idaho</b>	



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

# Certificate of Death

## RECEIVED

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 289  
Reg. Dist. No. 110

BIRTH NO. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> <u>MAY 7 1956</u>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)		
a. COUNTY <u>Bonner</u>			a. STATE <u>Idaho</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sandpoint,</u>			b. COUNTY <u>Bonner</u>		
c. LENGTH OF STAY (in this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) <u>Sandpoint,</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonner General Hospital</u>			d. STREET ADDRESS (If rural, give location) _____		
<b>3. NAME OF DECEASED</b> (Type or Print) <u>STILLBIRTH</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) _____		
a. (First) _____			b. (Middle) _____		
c. (Last) <u>BRABANT</u>			_____		
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) _____	
<b>8. DATE OF BIRTH</b> <u>Apr 14, 1956</u>		<b>9. AGE</b> (In years last birthday) _____		IF UNDER 1 YEAR Months _____ Days _____	
IF UNDER 24 HRS. Hours _____ Min. _____		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>none</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>none</u>	
<b>11. BIRTHPLACE</b> (State or foreign country) <u>Sandpoint, Idaho</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>		_____	
<b>13. FATHER'S NAME</b> <u>Verle Brabant</u>		<b>BIRTHPLACE</b> <u>Wolf Point Mont.</u>		<b>14. MOTHER'S MAIDEN NAME</b> <u>Mavis Georgena Johnson</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>none</u>		<b>17. INFORMANT'S OWN SIGNATURE</b> <u>Verle G. Brabant</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c) <u>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</u>		<b>MEDICAL CERTIFICATION</b> <u>Premature birth</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>5 1/2 mo gestation</u>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) _____		<b>ANTECEDENT CAUSES</b> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		<b>II. OTHER SIGNIFICANT CONDITIONS</b> <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> _____	
<b>22. I hereby certify that I attended the deceased from</b> <u>April 14, 1956</u> , to <u>April 14, 1956</u> , that I last saw the deceased alive on <u>Born dead</u> and that death occurred at _____ m., from the causes and on the date stated above.					
<b>23a. SIGNATURE</b> <u>J. Munson MD</u>		<b>23b. ADDRESS</b> <u>Sandpoint, Ida</u>		<b>23c. DATE SIGNED</b> <u>4/23/56</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>cremation</u>		<b>24b. DATE</b> <u>April 14, 1956</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Moon Funeral Home</u>	
<b>24d. LOCATION</b> (City, town, or county) <u>Sandpoint, Idaho</u>		<b>24e. (State)</b> _____		_____	
<b>DATE REC'D BY LOCAL REG.</b> _____		<b>REGISTRAR'S SIGNATURE</b> <u>Groce Ralph by ET</u>		<b>25. FUNERAL DIRECTOR'S ADDRESS</b> <u>Sandpoint Idaho</u>	

**DUTIES:**

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

**PENALTIES:** Under the Idaho law, it is a misdemeanor to

- (a) Knowingly supply false information to any one connected with completing a death certificate;
- (b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
- (c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
- (d) Alter a certificate on file in the office of a local registrar.

**STATEMENT OF PLACE OF DEATH**

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

**STATEMENT OF USUAL RESIDENCE OF DECEASED**

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

**IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.**

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

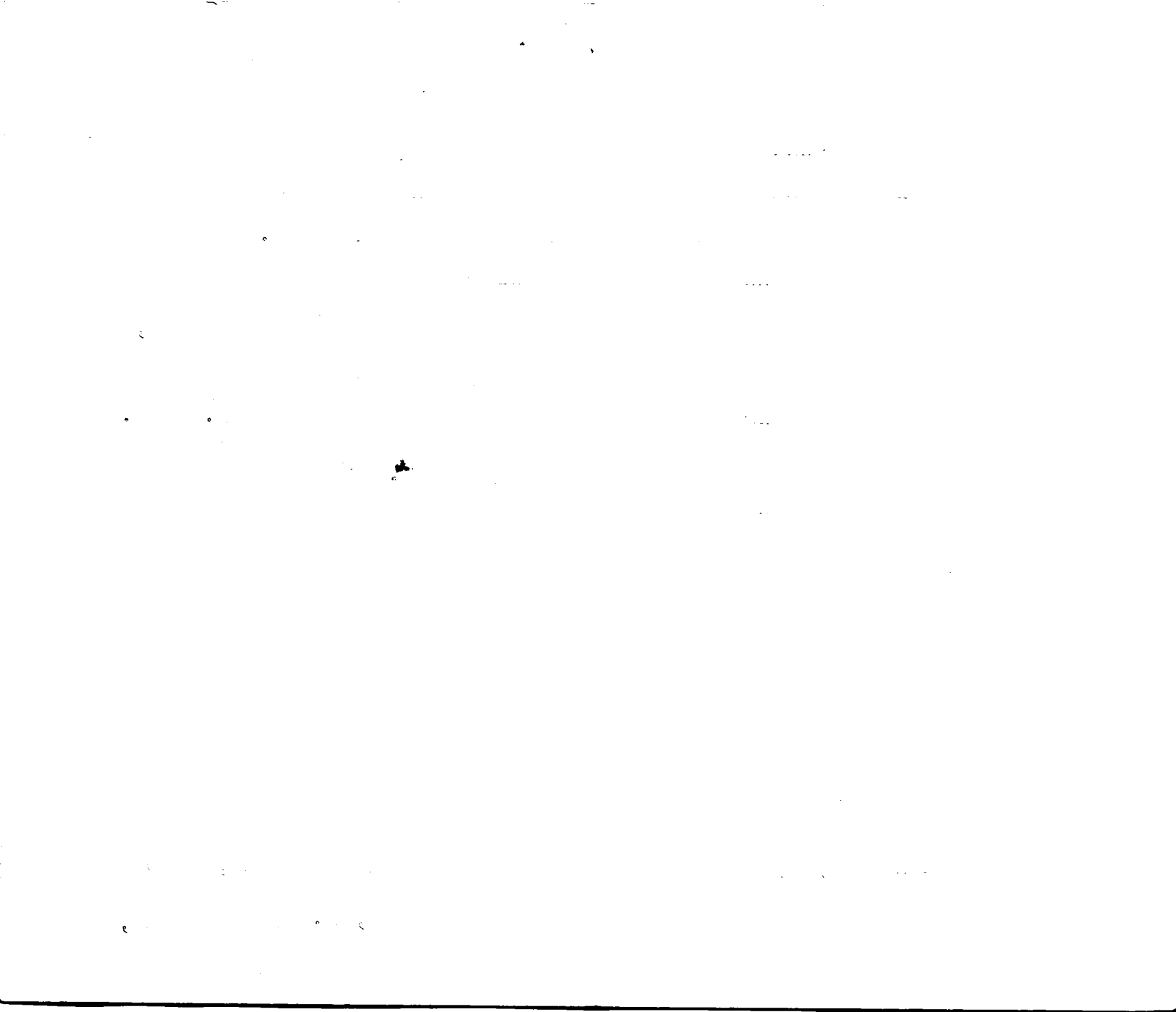
This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

**RECEIVED** (1949 Revision of Standard Certificate)  
**MAY 15 1956** **CERTIFICATE OF STILLBIRTH**  
State of Idaho  
Division of Vital Statistics

State File No. 048  
Local Reg. No. 70  
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bonneville</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sacred Heart Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>810 10th St.</u>	
3. CHILD'S NAME (Type or Print) <u>Leslie Jean Gifford</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 28, 1956</u>
7. FATHER'S NAME a. (First) <u>Ralph</u> b. (Middle) <u>M</u> c. (Last) <u>Gifford</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>31</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Oregon</u>	11a. USUAL OCCUPATION <u>Drftsmn</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Genl. Elec.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Theresa</u> b. (Middle) <u>Lappert</u> c. (Last) <u>Lappert</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>30</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Malcolm M. Gifford</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Unknown</u> 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>[Signature]</u> Specify if M. D., midwife, or other) 23c. ATTENDANT'S ADDRESS	23b. DATE SIGNED <u>5-7-56</u> 24. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>4/30/56</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Rose hill Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Idaho Falls, Idaho</u>
DATE REC'D BY LOCAL REG. <u>May 12-1956</u>		26. FUNERAL DIRECTOR'S ADDRESS <u>Jack A. Wood, Jr. Idaho Falls, Idaho</u>	



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APR 30 1956

Division of Vital Statistics

(1949 Revision of Standard Certificate)

## CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 049

Local Reg. No. 77

Reg. Dist. No. 360

1. PLACE OF STILLBIRTH a. COUNTY <u>CANYON</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>CANYON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caldwell</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Middleton</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Box 163</u>	
3. CHILD'S NAME (Type or Print) <u>Leita Lois MYERS</u>			
4. SEX <u>FE.</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 10 1956</u>
7. FATHER'S NAME a. (First) <u>Clinton</u> b. (Middle) <u>R.</u> c. (Last) <u>MYERS</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>22</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Caldwell, Ida.</u>	11a. USUAL OCCUPATION <u>LABORER</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>ARRANGO DRainage</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Lois</u> b. (Middle) <u>Minwitta</u> c. (Last) <u>AYOTTE</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>31</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Bertha Minn.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Lois Myerson mother.</u>			
18a. LENGTH OF PREGNANCY <u>34</u> WEEKS	18b. WEIGHT AT BIRTH <u>3</u> LBS. <u>9</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Jan 1956</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Still born - Cause unknown</u>	
		20b. MATERNAL CAUSES <u></u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Elizabeth L. Murn MD</u>	
23b. DATE SIGNED <u>4/10/56</u>		23c. ATTENDANT'S ADDRESS	
24. SIGNATURE OF AUTHORIZED OFFICIAL		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>April 12, 1956</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Middleton Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Middleton Idaho</u>
DATE REC'D BY LOCAL REG. <u>4-27-56</u>	REGISTRAR'S SIGNATURE <u>Agnes M. Denman</u>	26. FUNERAL DIRECTOR <u>Merville Davis</u> <u>Epikham Daban Chapel, Caldwell</u>	





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(1949 Revision of Standard Certificate)

## MAY 9 1956 CERTIFICATE OF STILLBIRTH

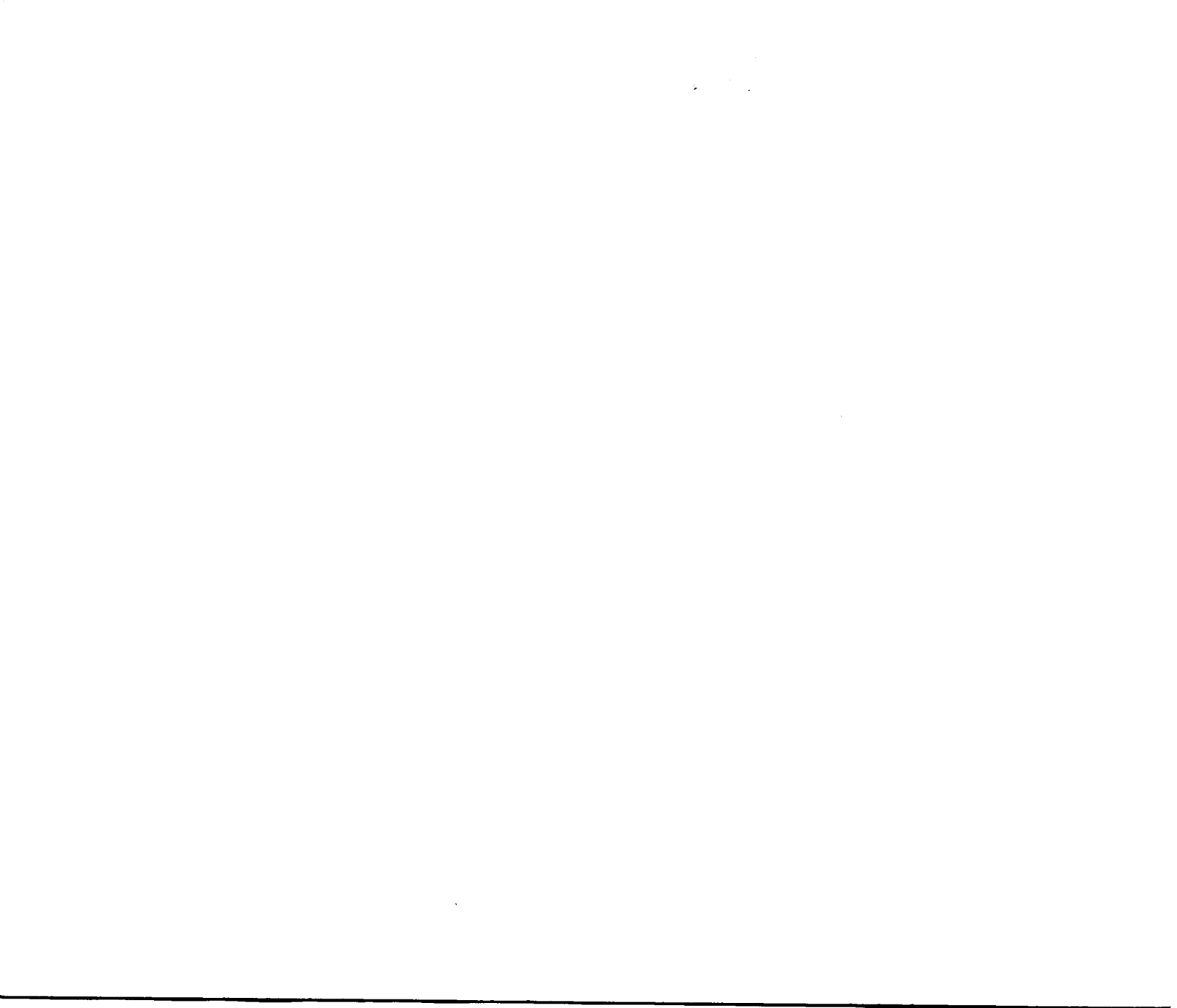
State of Idaho

State File No. 050

Local Reg. No. 10

Reg. Dist. No. 242

1. PLACE OF STILLBIRTH a. COUNTY <b>Idaho</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Idaho</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cottonwood</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cottonwood</b>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Our Lady of Consolation Hospital</b>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <b>Baby Girl I Uhling</b>			
4. SEX <b>Female</b>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <b>April 12, 1956</b>
7. FATHER'S NAME a. (First) <b>Raymond</b> b. (Middle) <b>Frank</b> c. (Last) <b>Uhling</b>		8. COLOR OR RACE <b>White</b>	
9. AGE (At time of this birth) <b>43</b> YEARS	10. BIRTHPLACE (State or foreign country) <b>Cottonwood, Idaho</b>	11a. USUAL OCCUPATION <b>Farming</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>
12. MOTHER'S MAIDEN NAME a. (First) <b>Alice</b> b. (Middle) <b>Marie</b> c. (Last) <b>Gentry</b>		13. COLOR OR RACE <b>White</b>	
14. AGE (At time of this birth) <b>28</b> YEARS	15. BIRTHPLACE (State or foreign country) <b>Keuterville, Idaho</b>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <b>4</b> b. How many children were born alive but are now dead? <b>0</b> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b>	
17. INFORMANT <b>Alice Uhling</b>			
18a. LENGTH OF PREGNANCY WEEKS <b>3</b>	18b. WEIGHT AT BIRTH <b>3 LBS. 1 OZS.</b>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <b>November, 1955</b>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <b>None</b>	
		20b. MATERNAL CAUSES <b>None</b>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <b>Premature separation of placenta</b>		22. STATE ALL OPERATIONS FOR DELIVERY <b>None</b>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>11:10 a.m.</b>		23a. ATTENDANT'S SIGNATURE <b>R. H. Collins</b>	23b. DATE SIGNED <b>5-2-56</b>
23c. ATTENDANT'S ADDRESS <b>Craigmont, Idaho</b>		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <b>Cletus Uhlor</b> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	25b. DATE <b>April 12, '56</b>	25c. NAME OF CEMETERY OR CREMATORY <b>Cathari</b>	25d. LOCATION (City, town, or county) (State) <b>Cottonwood, Idaho</b>
DATE REC'D BY LOCAL REG. <b>April 12, 1956</b>	REGISTRAR'S SIGNATURE <b>W. J. Orr, M.D. Eyrn.</b>	26. FUNERAL DIRECTOR ADDRESS <b>Cletus Uhlor Cottonwood, Idaho</b>	



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**MAY 8 1956**  
**Division of Vital Statistics**

(1949 Revision of Standard Certificate)  
**CERTIFICATE OF STILLBIRTH**  
**State of Idaho**

State File No. **051**  
Local Reg. No. **11**  
Reg. Dist. No. **242**

1. PLACE OF STILLBIRTH a. COUNTY <b>Idaho</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Idaho</b>	
b. CITY OR TOWN <b>Cottonwood</b>		c. CITY OR TOWN <b>Cottonwood</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Our Lady of Consolation Hospital</b>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <b>Baby Girl II Uhling</b>			
4. SEX <b>Female</b>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <b>April 12, 1956</b>
7. FATHER'S NAME a. (First) <b>Raymond</b> b. (Middle) <b>Frank</b> c. (Last) <b>Uhling</b>		8. COLOR OR RACE <b>White</b>	
9. AGE (At time of this birth) <b>43</b> YEARS	10. BIRTHPLACE (State or foreign country) <b>Cottonwood, Idaho</b>	11a. USUAL OCCUPATION <b>Farming</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>
12. MOTHER'S MAIDEN NAME a. (First) <b>Alice</b> b. (Middle) <b>Marie</b> c. (Last) <b>Gentry</b>		13. COLOR OR RACE <b>White</b>	
14. AGE (At time of this birth) <b>28</b> YEARS	15. BIRTHPLACE (State or foreign country) <b>Keuterville, Idaho</b>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <b>4</b> b. How many children were born alive but are now dead? <b>0</b> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b>	
17. INFORMANT <b>Alice Uhling (mother)</b>			
18a. LENGTH OF PREGNANCY WEEKS <b>3</b>	18b. WEIGHT AT BIRTH LBS. <b>3</b> OZS.	19. Was a standard serological test for syphilis performed? Yes...X... No..... Approximate date <b>November, 1955</b>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <b>None</b> 20b. MATERNAL CAUSES <b>None</b>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <b>Purpura Separation of Placenta</b>		22. STATE ALL OPERATIONS FOR DELIVERY <b>None</b>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>11:15</b> m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <b>R. H. Hollins M.D.</b> 23b. DATE SIGNED <b>5-2-56</b>	
23c. ATTENDANT'S ADDRESS <b>Craigmont, Idaho</b>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	25b. DATE <b>April 12, '56</b>	25c. NAME OF CEMETERY OR CREMATORY <b>Catholic</b>	25d. LOCATION (City, town, or county) (State) <b>Cottonwood, Idaho</b>
DATE REC'D BY LOCAL REG <b>April 12, 1956</b>		26. FUNERAL DIRECTOR ADDRESS <b>W. D. Oke, m. d. byrn Cletus Uhlorn Cottonwood, Idaho</b>	



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(1949 Revision of Standard Certificate)

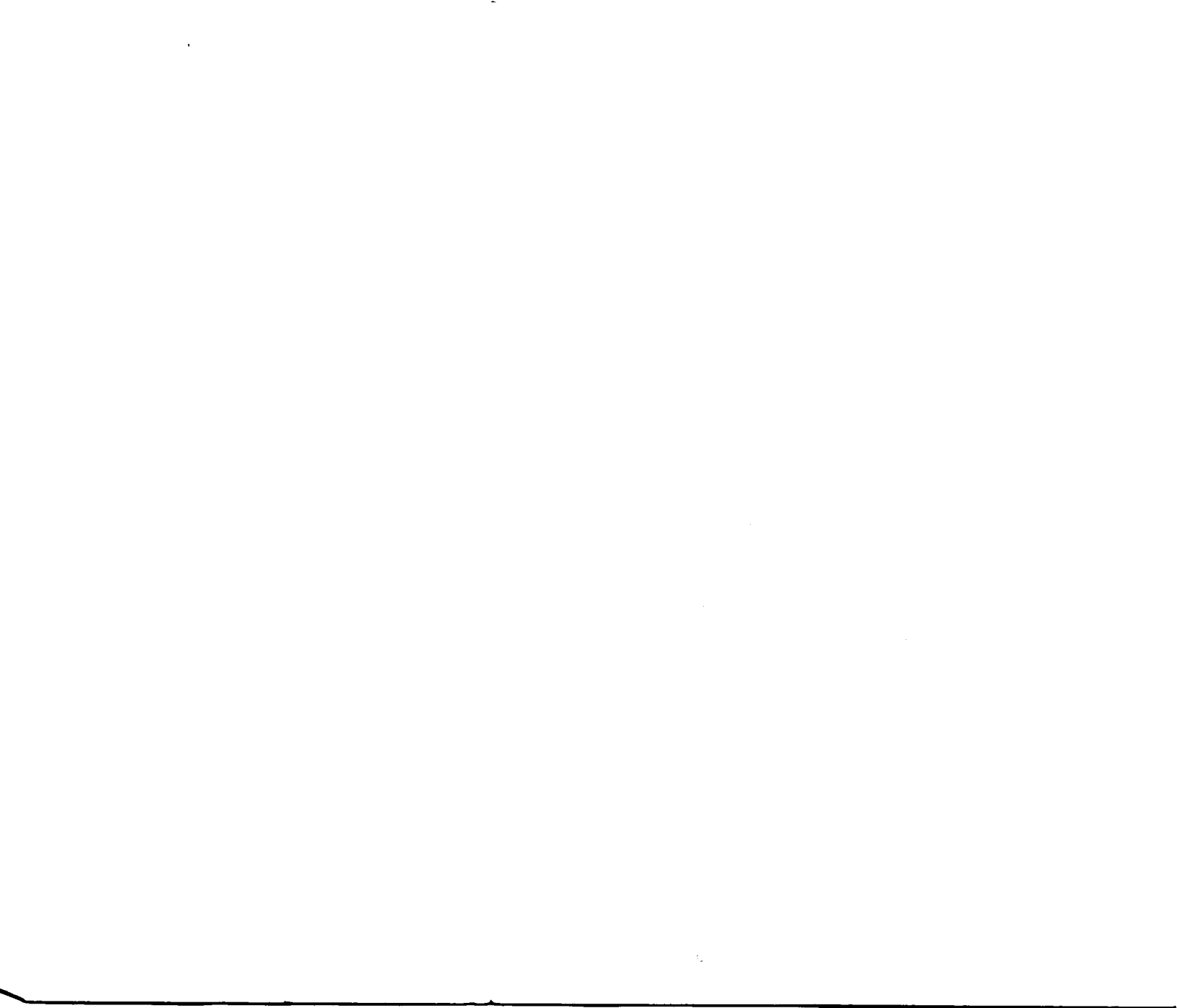
**CERTIFICATE OF STILLBIRTH**

State of Idaho

State File No. 052  
Local Reg. No. 17  
Reg. Dist. No. 640

MAY 7 1956

1. PLACE OF BIRTH (If outside corporate limits, write RURAL and give township) a. COUNTY <b>Jefferson</b> b. CITY OR TOWN <b>Rigby</b> c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rigby Maternity Hospital</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Jefferson</b> c. CITY OR TOWN <b>Rigby</b> d. STREET ADDRESS (If rural, give location) <b>191 W. Main Street.</b>	
3. CHILD'S NAME (Type or Print) <b>BABY OLSEN</b>			
4. SEX <b>Female</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <b>April 25, 1956</b>
7. FATHER'S NAME a. (First) <b>RAY</b> b. (Middle) <b>RICHARD</b> c. (Last) <b>OLSEN</b>		8. COLOR OR RACE <b>White</b>	
9. AGE (At time of this birth) <b>29</b> YEARS	10. BIRTHPLACE (State or foreign country) <b>Rigby, Idaho</b>	11a. USUAL OCCUPATION <b>Teacher</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>Education</b>
12. MOTHER'S MAIDEN NAME a. (First) <b>JANET</b> b. (Middle) c. (Last) <b>Olsen</b>		13. COLOR OR RACE <b>White</b>	
14. AGE (At time of this birth) <b>26</b> YEARS	15. BIRTHPLACE (State or foreign country) <b>Blackfoot, Idaho.</b>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <b>1</b> b. How many children were born alive but are now dead? <b>1</b> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b>	
17. INFORMANT <i>Ray R. Olsen</i>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <b>October 1955</b>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <b>Anencephalic Monster.</b> 20b. MATERNAL CAUSES <b>none</b>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <b>uterine Hemorrhage</b>		22. STATE ALL OPERATIONS FOR DELIVERY <b>None</b>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>Edward Tall, M.D.</i> 23c. ATTENDANT'S ADDRESS <b>Rigby, Idaho</b>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		25b. DATE <b>4/26/1956</b>	
25c. NAME OF CEMETERY OR CREMATORY <b>Rigby Pioneer Cem.</b>		25d. LOCATION (City, town, or county) (State) <b>Rigby, Jefferson, Idaho.</b>	
DATE REC'D BY LOCAL REG <b>4/28/56</b>		26. FUNERAL DIRECTOR <i>Mrs. A. B. Coker</i> ADDRESS <b>Rigby, Idaho.</b>	



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APR 20 1956

## CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 053

Local Reg. No. 387

Reg. Dist. No. 440

1. PLACE OF STILLBIRTH a. COUNTY <b>Jerome</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Idaho</b>		b. COUNTY <b>Jerome</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jerome</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jerome</b>			
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>S<sup>t</sup>. Benedict's Hospital</b>		d. STREET ADDRESS <b>200 East 4th</b>		(If rural, give location)	
3. CHILD'S NAME (Type or Print) <b>JON DEE Trujillo</b>					
4. SEX <b>Male</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <b>April 6, 1956</b>		
7. FATHER'S NAME a. (First) <b>Selvy</b>		b. (Middle) <b>Trujillo</b>		c. (Last) <b>Wh.</b>	
9. AGE (At time of this birth) <b>21 YEARS</b>	10. BIRTHPLACE (State or foreign country) <b>Salido, Colorado</b>	11a. USUAL OCCUPATION <b>Salesman</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>Radio Co.</b>		
12. MOTHER'S MAIDEN NAME a. (First) <b>Shiela</b>		b. (Middle) <b>Magell</b>		c. (Last) <b>DeLapp</b>	
14. AGE (At time of this birth) <b>20 YEARS</b>	15. BIRTHPLACE (State or foreign country) <b>Salem, Oregon</b>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <b>0</b> b. How many children were born alive but are now dead? <b>0</b> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b>			
17. INFORMANT <b>Shiela Trujillo</b> <b>Jerome, Idaho</b>					
18a. LENGTH OF PREGNANCY <b>28 WEEKS</b>	18b. WEIGHT AT BIRTH <b>1 LBS. OZS.</b>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <b>October 1955</b>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES			
		20b. MATERNAL CAUSES <b>Missed Abortion Intrauterine death at approx.</b>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <b>18 weeks 2 failure of labor</b>		22. STATE ALL OPERATIONS FOR DELIVERY			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>8:35 am. m.</b>		23a. ATTENDANT'S SIGNATURE <b>James E. Alo...</b>		23b. DATE SIGNED <b>4/16/56</b>	
23c. ATTENDANT'S ADDRESS <b>Jerome, Idaho</b>		24. SIGNATURE OF AUTHORIZED OFFICIAL <b>Elmer L. Craig</b>		TITLE <b>Jerome, Idaho</b>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	25b. DATE <b>April 6, 1956</b>	25c. NAME OF CEMETERY OR CREMATORY <b>Jerome, Idaho</b>		25d. LOCATION (City, town, or county) (State) <b>Jerome, Idaho</b>	
DATE REC'D BY LOCAL REG. <b>April 18, 1956</b>		REGISTRAR'S SIGNATURE <b>Sister M. Rose, O.S.A.</b>		26. FUNERAL DIRECTOR <b>Elmer L. Craig</b> <b>Seaton Jerome Cemetery</b>	





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(1949 Revision of Standard Certificate)

State File No. ....

Local Reg. No. ....

Reg. Dist. No. ....

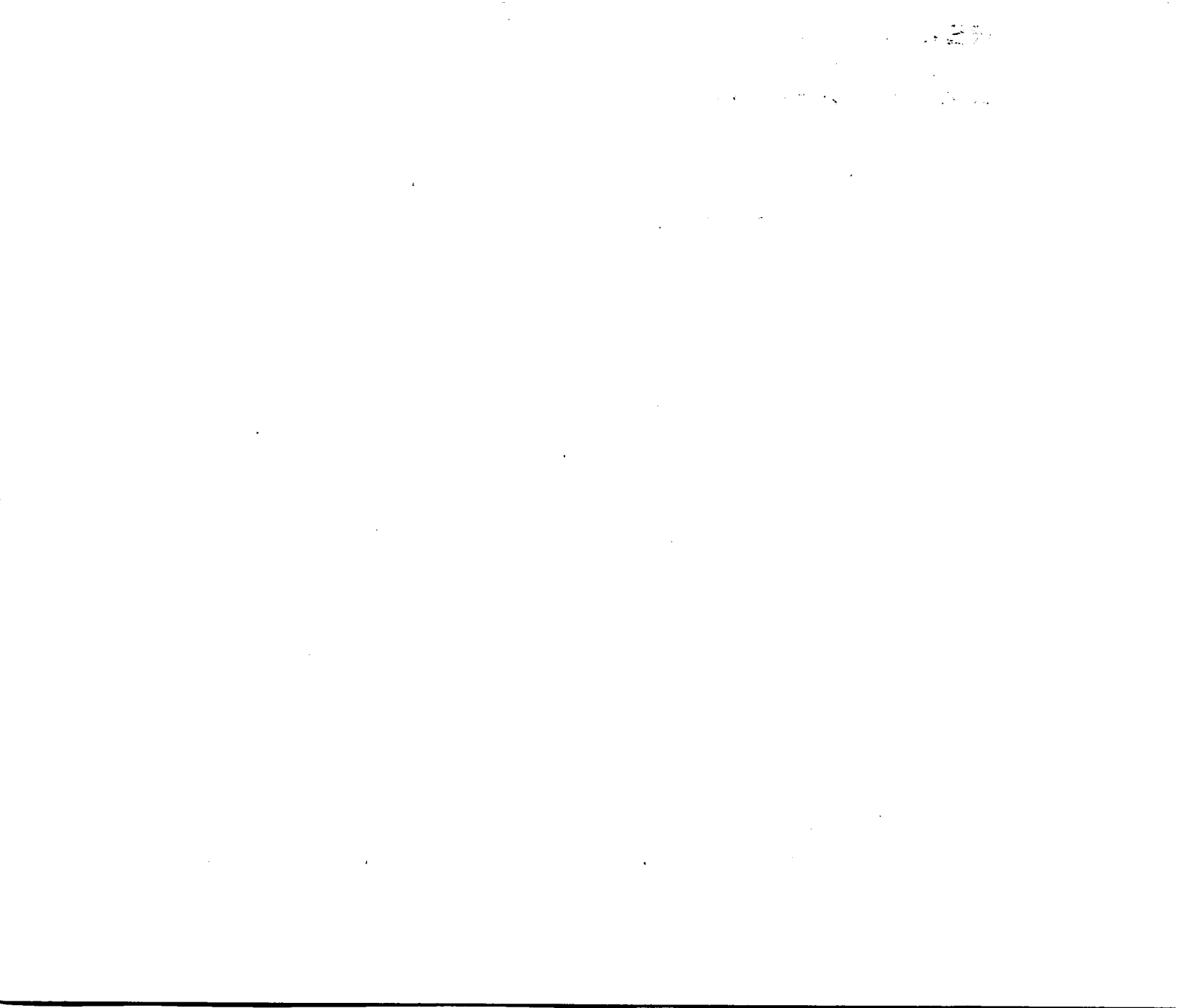
APR 14 1956

**CERTIFICATE OF STILLBIRTH**

State of Idaho

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY <u>Latah</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Benewah</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moscow</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Maries</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Gritman Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Paul Donald McManamon</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 14 1956</u>
7. FATHER'S NAME a. (First) <u>Donald</u>	b. (Middle)	c. (Last) <u>McManamon</u>	8. COLOR OR RACE <u>White</u>
9. AGE (At time of this birth) <u>33</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Spokane, Wn.</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Barbara</u>	b. (Middle) <u>M.</u>	c. (Last) <u>Wood</u>	13. COLOR OR RACE <u>White</u>
14. AGE (At time of this birth) <u>33</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Harrison, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Donald McManamon</u>			
18a. LENGTH OF PREGNANCY <u>30</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes...XX... No..... Approximate date <u>October 1955</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Unknown</u>		
	20b. MATERNAL CAUSES <u>Unknown</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Stillbirth delivery</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>1:15 A. m.</u>	23a. ATTENDANT'S SIGNATURE <u>B. J. Klaaren M.D.</u>		23b. DATE SIGNED <u>4-29-56</u>
	23c. ATTENDANT'S ADDRESS <u>Moscow, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>David R. ...</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	25b. DATE <u>4-14-1956</u>	25c. NAME OF CEMETERY OR CREMATORY <u>St. Maries Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>St. Maries Idaho</u>
DATE REC'D BY LOCAL REG. <u>5/8/56</u>	REGISTRAR'S SIGNATURE <u>Louis E. Angel</u>	26. FUNERAL DIRECTOR ADDRESS <u>Moscow, Idaho</u>	



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## CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 055

Local Reg. No. 18

Reg. Dist. No. 630

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Fremont</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rexburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural St. Anthony</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Madison Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>West of St. Anthony</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Statham</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>March 21 1956</u>
7. FATHER'S NAME a. (First) <u>Donald</u> b. (Middle) <u>Fred</u> c. (Last) <u>Statham</u>	8. COLOR OR RACE <u>Cauc.</u>		
9. AGE (At time of this birth) <u>41</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Rexburg, Idaho</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Larue</u> b. (Middle) <u>Nell</u> c. (Last) <u>Terry</u>	13. COLOR OR RACE <u>Cauc.</u>		
14. AGE (At time of this birth) <u>35</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Rexburg, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Donald F. Statham</u>			
18a. LENGTH OF PREGNANCY <u>25</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <u>X</u> No Approximate date <u>Nov. 1955</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Prematurity</u> 20b. MATERNAL CAUSES <u>Partial Premature Separation of Placenta</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Intermittent bleeding.</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Spontaneous</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE <u>E. B. Kight</u> (Specify if M. D., midwife, or other) <u>M.D.</u>		23b. DATE SIGNED <u>4-10-56</u>
	23c. ATTENDANT'S ADDRESS <u>Kight Idaho</u>	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>ST. Anthony's, Fremont</u> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>3/22/56</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Ht Farm</u>	25d. LOCATION (City, town, or county) (State) <u>St. Anthony's, Fremont, Ida.</u>
DATE REC'D BY LOCAL REG. <u>3-21-56</u>	REGISTRAR'S SIGNATURE <u>Leona Flamm</u>	26. FUNERAL DIRECTOR <u>Russell Flamm</u> <u>Rexburg, Ida.</u>	

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4-48

FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE

MAY 14 1956

(1949 Revision of Standard Certificate)

Division of Vital Statistics

CERTIFICATE OF STILLBIRTH

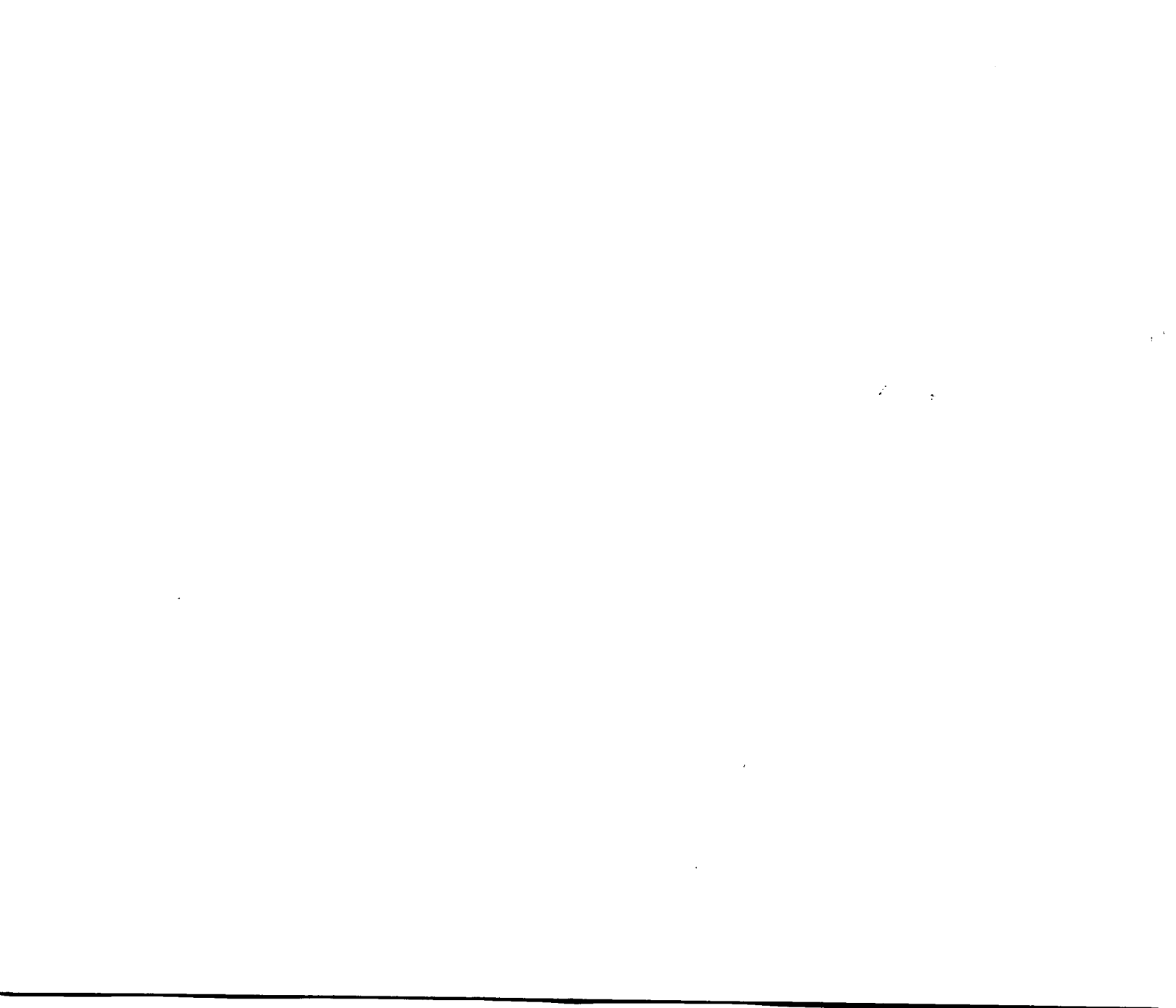
State of Idaho

State File No. 056

Local Reg. No. 12

Reg. Dist. No. 630

1. PLACE OF STILLBIRTH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Madison</u>	
b. CITY OR TOWN <u>Granger</u>		c. CITY OR TOWN <u>Granger</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Madison Memorial</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Baby Hymas</u>			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 9, 1956</u>
7. FATHER'S NAME a. (First) <u>Bert</u> b. (Middle) <u>M.</u> c. (Last) <u>Hymas</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>30</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Betty</u> b. (Middle) <u>Brown</u> c. (Last) <u>Brown</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>30</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
17. INFORMANT <u>Bert M. Hymas</u>		a. How many children are now living? <u>3</u>	b. How many children were born alive but are now dead? <u>0</u>
18a. LENGTH OF PREGNANCY <u>24</u> WEEKS		18b. WEIGHT AT BIRTH LBS. OZS.	
19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Normal or varying factors, Spontaneous rupture of membranes</u>	
		20b. MATERNAL CAUSES <u>Habituall, premature labor, unknown</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Spontaneous delivery</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>H. B. Hymas M.D.</u>	
23b. DATE SIGNED <u>4-13-56</u>		23c. ATTENDANT'S ADDRESS <u>Granger</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Leon H. Hymas</u>		TITLE <u>Registrar</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>4-13-56</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Idaho</u>	25d. LOCATION (City, town, or county) (State) <u>Madison Idaho</u>
DATE REC'D BY LOCAL REG. <u>4-13-56</u>	REGISTRAR'S SIGNATURE <u>Leon H. Hymas</u>	26. FUNERAL DIRECTOR <u>Harold Hymas</u> ADDRESS <u>Granger Idaho</u>	



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FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE

MAY 14 1956

(1949 Revision of Standard Certificate)

## CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No. 057

Local Reg. No. 76

Reg. Dist. No. 634

1. PLACE OF STILLBIRTH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Fremont</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rexburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Newdale</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Madison General Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Baby Boy Gould</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April, 11, 1956</u>
7. FATHER'S NAME a. (First) <u>Walter</u>		b. (Middle) <u>Gould</u>	c. (Last) <u>White</u>
8. COLOR OR RACE <u>White</u>	9. AGE (At time of this birth) <u>43</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Wilford, Idaho</u>	11a. USUAL OCCUPATION <u>Farmer</u>
11b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		12. MOTHER'S MAIDEN NAME a. (First) <u>Alta</u>	
b. (Middle) <u>Ida</u>		c. (Last) <u>Davis</u>	
13. COLOR OR RACE <u>White</u>		14. AGE (At time of this birth) <u>42</u> YEARS	
15. BIRTHPLACE (State or foreign country) <u>Wilford, Idaho</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>12</u>	
b. How many children were born alive but are now dead? <u>0</u>		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Walter Gould</u> <u>Newdale, Ida</u>			
18a. LENGTH OF PREGNANCY <u>30</u> WEEKS	18b. WEIGHT AT BIRTH <u>1</u> LBS. <u>13</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>March 27, 1956</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
20b. MATERNAL CAUSES <u>Premature rupture of membranes. Probable infection.</u>		21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	
22. STATE ALL OPERATIONS FOR DELIVERY		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Bohasey</u>	
23b. DATE SIGNED <u>4-13-56</u>		23c. ATTENDANT'S ADDRESS <u>Refugio, Idaho</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>John Flamm</u>		25. TITLE <u>St. Anthony, Idaho</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>April, 13, 1956</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Wilford</u>	25d. LOCATION (City, town, or county) (State) <u>St. Anthony, RFD #1, Idaho</u>
DATE REC'D BY LOCAL REG. <u>4-14-56</u>	REGISTRAR'S SIGNATURE <u>John Flamm</u>	26. FUNERAL DIRECTOR <u>John Flamm</u>	ADDRESS <u>St. Anthony, Idaho</u>





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**MAY 14 1956**

(1949 Revision of Standard Certificate)

**CERTIFICATE OF STILLBIRTH**

State of Idaho

State File No. 058  
Local Reg. No. 27  
Reg. Dist. No. 430

1. PLACE OF STILLBIRTH (Division of Vital Statistics) a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Clark</u>	
b. CITY OR TOWN <u>Rexburg</u>		c. CITY OR TOWN <u>Dubois</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Madison Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Baby Girl Bowhay</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 23 1956</u>
7. FATHER'S NAME a. (First) <u>Bill</u> b. (Middle) <u>Boyde</u> c. (Last) <u>Bowhay</u>		8. COLOR OR RACE <u>Cauc.</u>	
9. AGE (At time of this birth) <u>41</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>White Sulphur Springs</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Irene</u> b. (Middle) <u>Vivian</u> c. (Last) <u>Height</u>		13. COLOR OR RACE <u>Cauc.</u>	
14. AGE (At time of this birth) <u>40</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Spencer, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Hospital Records</u>			
18a. LENGTH OF PREGNANCY <u>32</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>no apparent cause</u>	
		20b. MATERNAL CAUSES <u>no apparent cause</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) <u>Dr. L. J. Linnell, M.D.</u>	
		23b. DATE SIGNED <u>4-26-56</u>	
23c. ATTENDANT'S ADDRESS <u>Rexburg, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>W. J. Gustafson, R.N.</u> TITLE <u>Administrator</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	25b. DATE <u>4-23-56</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Hospital</u>	25d. LOCATION (City, town, or county) (State) <u>Rexburg Idaho</u>
DATE REC'D BY LOCAL REG. <u>4-26-56</u>	REGISTRAR'S SIGNATURE <u>Leona Flamm</u>	26. FUNERAL DIRECTOR <u>W. J. Gustafson, R.N.</u> ADDRESS <u>Administrator</u>	

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(1949 Revision of Standard Certificate)

APR 24 1956

**CERTIFICATE OF STILLBIRTH**

State of Idaho

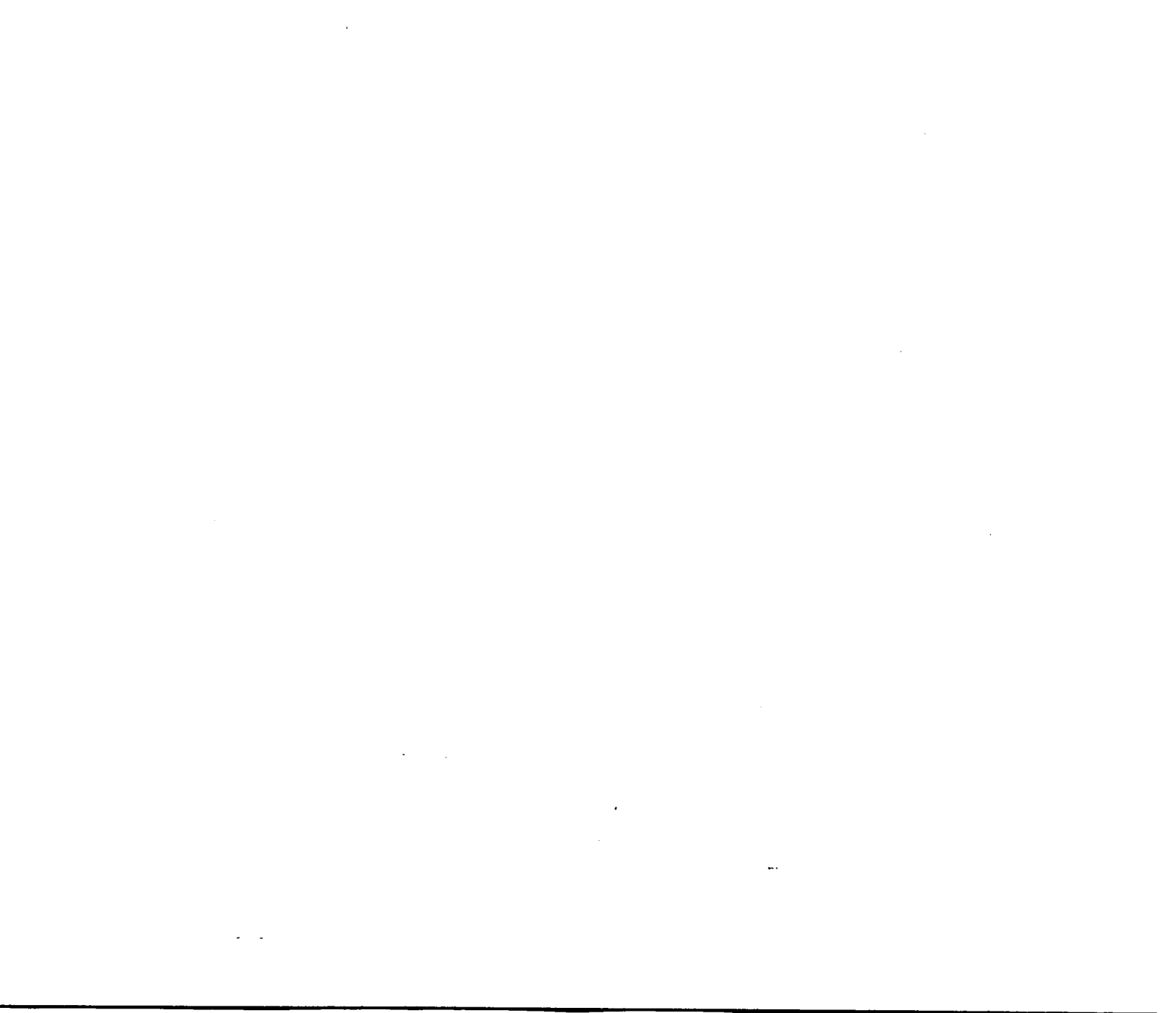
State File No. 159

Local Reg. No. 195

Reg. Dist. No. 160

**Division of Vital Statistics**

1. PLACE OF STILLBIRTH a. COUNTY <b>Twin Falls</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Minadoka</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Twin Falls</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rupert</b>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Magic Valley Memorial Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Box 273</b>	
3. CHILD'S NAME (Type or Print) <b>Baby Boy Isaak</b>			
4. SEX <b>Male</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <b>March 30, 1956</b>
7. FATHER'S NAME a. (First) <b>Harry</b> b. (Middle) <b>Raymond</b> c. (Last) <b>Isaak</b>		8. COLOR OR RACE <b>White</b>	
9. AGE (At time of this birth) <b>30 YEARS</b>	10. BIRTHPLACE (State or foreign country) <b>American Falls, Idaho</b>	11a. USUAL OCCUPATION <b>Well Driller</b>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <b>Martha</b> b. (Middle) <b>Dean</b> c. (Last) <b>Smith</b>		13. COLOR OR RACE <b>White</b>	
14. AGE (At time of this birth) <b>25 YEARS</b>	15. BIRTHPLACE (State or foreign country) <b>Springeston, Illinois</b>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <b>1</b> b. How many children were born alive but are now dead? <b>0</b> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b>	
17. INFORMANT <b>Father and Mother</b>			
18a. LENGTH OF PREG-NANCY <b>26 WEEKS</b>	18b. WEIGHT AT BIRTH <b>2 LBS. OZS.</b>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Strangulation of umbilical cord</i> 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <b>None</b>		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Douglas Schaefer M.D.</i> 23b. DATE SIGNED <b>3/30/56</b>	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT attended by physician	TITLE
25a. SEXUAL CREMATION (Specify)	25b. DATE <b>3-30-56</b>	25c. NAME OF CEMETERY OR CREMATORY <b>Magic Valley Memorial Hospital</b>	25d. LOCATION (City, town, or county) (State) <b>Twin Falls, Idaho</b>
DATE REC'D BY LOCAL REG. <b>APR 9 1956</b>		26. FUNERAL DIRECTOR ADDRESS <i>Lenora O. Loman</i> <b>J. Woodson Creed, M.D. Twin Falls, Idaho</b>	



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**CERTIFICATE OF STILLBIRTH**  
**MAY 4 1956**  
Division of Vital Statistics  
State of Idaho

State File No. 260  
Local Reg. No. 199  
Reg. Dist. No. 460

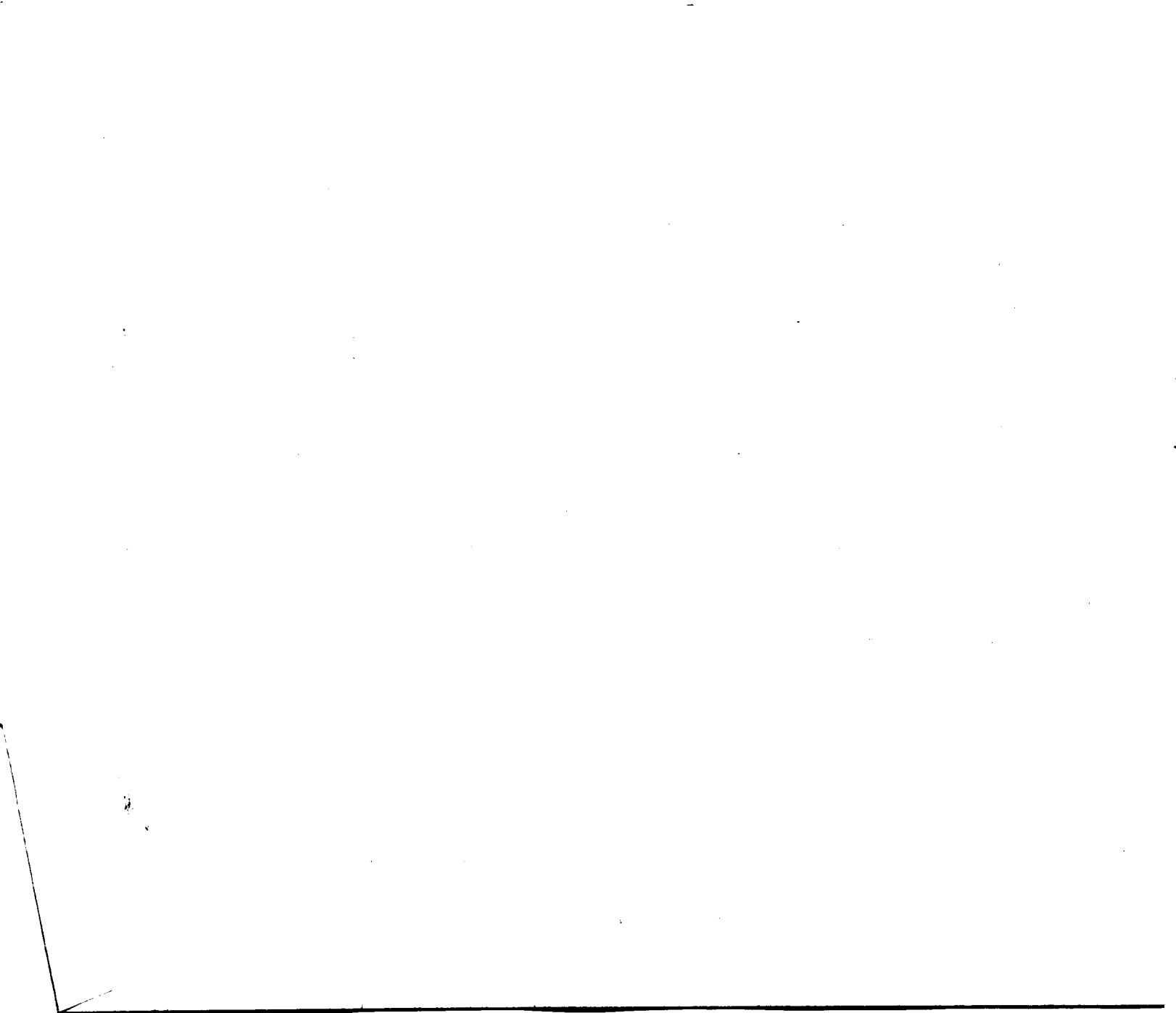
<b>1. PLACE OF STILLBIRTH</b> a. COUNTY <u>Twin Falls</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Magic Valley Memorial Hospital</u>		<b>2. USUAL RESIDENCE OF MOTHER (Where does mother live?)</b> a. STATE <u>Idaho</u> b. COUNTY <u>Twin Falls</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Castleford</u> d. STREET ADDRESS (If rural, give location)	
<b>3. CHILD'S NAME</b> ((Type or Print))			
4. SEX <u>Undetermined</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 12, 1956</u>
7. FATHER'S NAME a. (First) <u>Edgar</u> b. (Middle) <u>Alba</u> c. (Last) <u>Reeves</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>48</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Nebraska</u>	11a. USUAL OCCUPATION <u>Labor</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Lillie</u> b. (Middle) <u>May</u> c. (Last) <u>Smith</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>34</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Nebraska</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>4</u> b. How many children were born alive but are now dead? <u>2</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>2</u>	
17. INFORMANT <u>Former Chart</u>			
18a. LENGTH OF PREGNANCY <u>32</u> WEEKS	18b. WEIGHT AT BIRTH <u>0</u> LBS. <u>13</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>First Trimester</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Macerated fetus - Weight 13 oz.</u> 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Premature labor</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>H. H. Anderson, M.D.</u>	23b. DATE SIGNED <u>4-12-56</u>
		23c. ATTENDANT'S ADDRESS	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>J. W. Woodson Creed, MD</u>
25a. CREMATION (Specify) <u>Cremation</u>	25b. DATE <u>4-13-56</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Magic Valley Memorial Hospital, Twin Falls, Idaho</u>	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>APR 23 1956</u>		26. FUNERAL DIRECTOR <u>J. W. Woodson Creed, MD</u>	



(1949 Revision of Standard Certificate)  
**CERTIFICATE OF STILLBIRTH**  
State of Idaho

State File No. 61  
Local Reg. No. 110  
Reg. Dist. No. 460

<b>1. PLACE OF STILLBIRTH</b> a. COUNTY <u>Twin Falls</u>		<b>2. USUAL RESIDENCE OF MOTHER</b> (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Twin Falls</u>	
b. CITY (If outside corporate limits, write RURAL and give nearest town) <u>Twin Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Castleford</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Magic Valley Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location)	
<b>3. CHILD'S NAME</b> (Type or Print)			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 12, 1956</u>
7. FATHER'S NAME a. (First) <u>Edgar</u>		b. (Middle) <u>Alba</u>	c. (Last) <u>Reeves</u>
8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) <u>48</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Nebraska</u>	11a. USUAL OCCUPATION <u>Labor</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Lillie</u>		b. (Middle) <u>May</u>	c. (Last) <u>Smith</u>
13. COLOR OR RACE <u>White</u>			
14. AGE (At time of this birth) <u>34</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Nebraska</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>4</u> b. How many children were born alive but are now dead? <u>2</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>3</u>	
17. INFORMANT <u>Former Chart</u>			
18a. LENGTH OF PREGNANCY <u>32</u> WEEKS	18b. WEIGHT AT BIRTH <u>5</u> LBS. <u>5</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <u>X</u> No <u>  </u> Approximate date <u>First Trimester</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Breech - Prolapse of cord - Incomplete dilated cervix.</u>	
		20b. MATERNAL CAUSES <u>Premature - Second twin</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY <u>Out-let forceps on head.</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>  </u> m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>V. H. Anderson, M.D.</u>	
23b. DATE SIGNED <u>4-12-56</u>		23c. ATTENDANT'S ADDRESS	
24. SIGNATURE OF AUTHORIZED OFFICIAL		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	25b. DATE <u>4-13-56</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Magic Valley Memorial Hospital, Twin Falls, Idaho</u>	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>APR 23 1956</u>	REGISTRAR'S SIGNATURE <u>Lena O. Tolman</u>	26. FUNERAL DIRECTOR <u>J. W. ...</u>	ADDRESS





**RECEIVED**

MAY 14 1956

(1949 Revision of Standard Certificate)

**CERTIFICATE OF STILLBIRTH**

Division of Vital Statistics

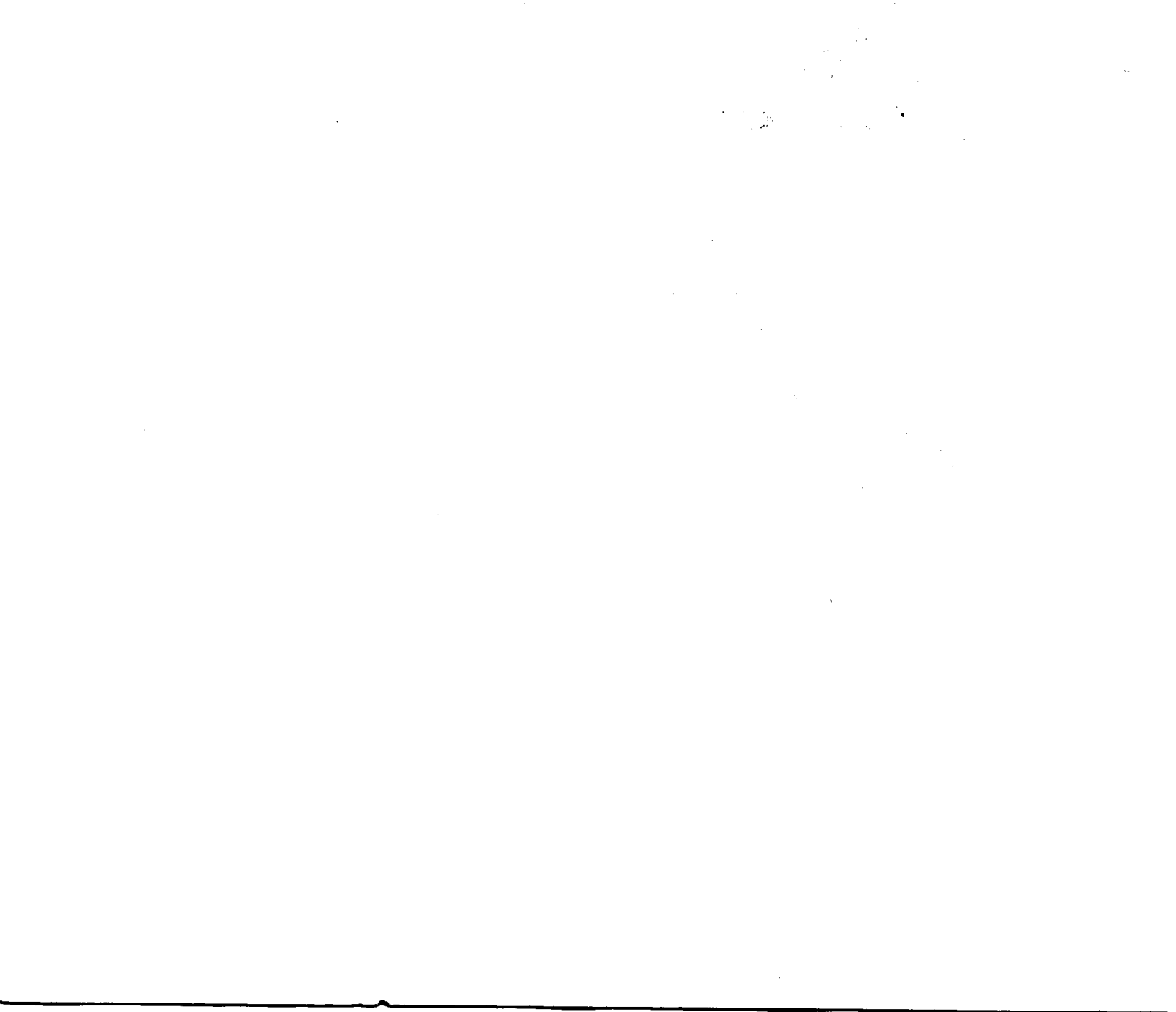
State of Idaho

State File No. 062

Local Reg. No. 142

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Lukes Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>404 Thatcher</u>	
3. CHILD'S NAME (Type or Print) <u>Perfect</u>			
4. SEX <u>F</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 1st 1956</u>
7. FATHER'S NAME a. (First) <u>James</u> b. (Middle) <u>Edward</u> c. (Last) <u>Perfect</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (At time of this birth) <u>25</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Boise, Idaho</u>	11a. USUAL OCCUPATION <u>Carpenter</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Lois</u> b. (Middle) <u>Marie</u> c. (Last) <u>Starr</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>24</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Boise, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>Mother</u>			
18a. LENGTH OF PREGNANCY <u>30</u> WEEKS	18b. WEIGHT AT BIRTH <u>4</u> LBS. <u>14</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES <u>R.H. Incompetibility</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>3 P.</u> m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) <u>Mark Submunden MD</u>	
23c. ATTENDANT'S ADDRESS <u>Boise, Idaho</u>		23b. DATE SIGNED <u>5-3-56</u>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>Myrtle Palmer</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Myrtle Palmer</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	25b. DATE <u>5-2-56</u>	25c. NAME OF CEMETERY OR CREMATORY <u>St Lukes Hospital</u>	25d. LOCATION (City, town, or county) (State) <u>Boise Idaho</u>
DATE REC'D BY LOCAL REG. <u>5-3-56</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	26. FUNERAL DIRECTOR <u>Helmer B. Fox, St Lukes Hosp Soc</u>	



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(1949 Revision of Standard Certificate)

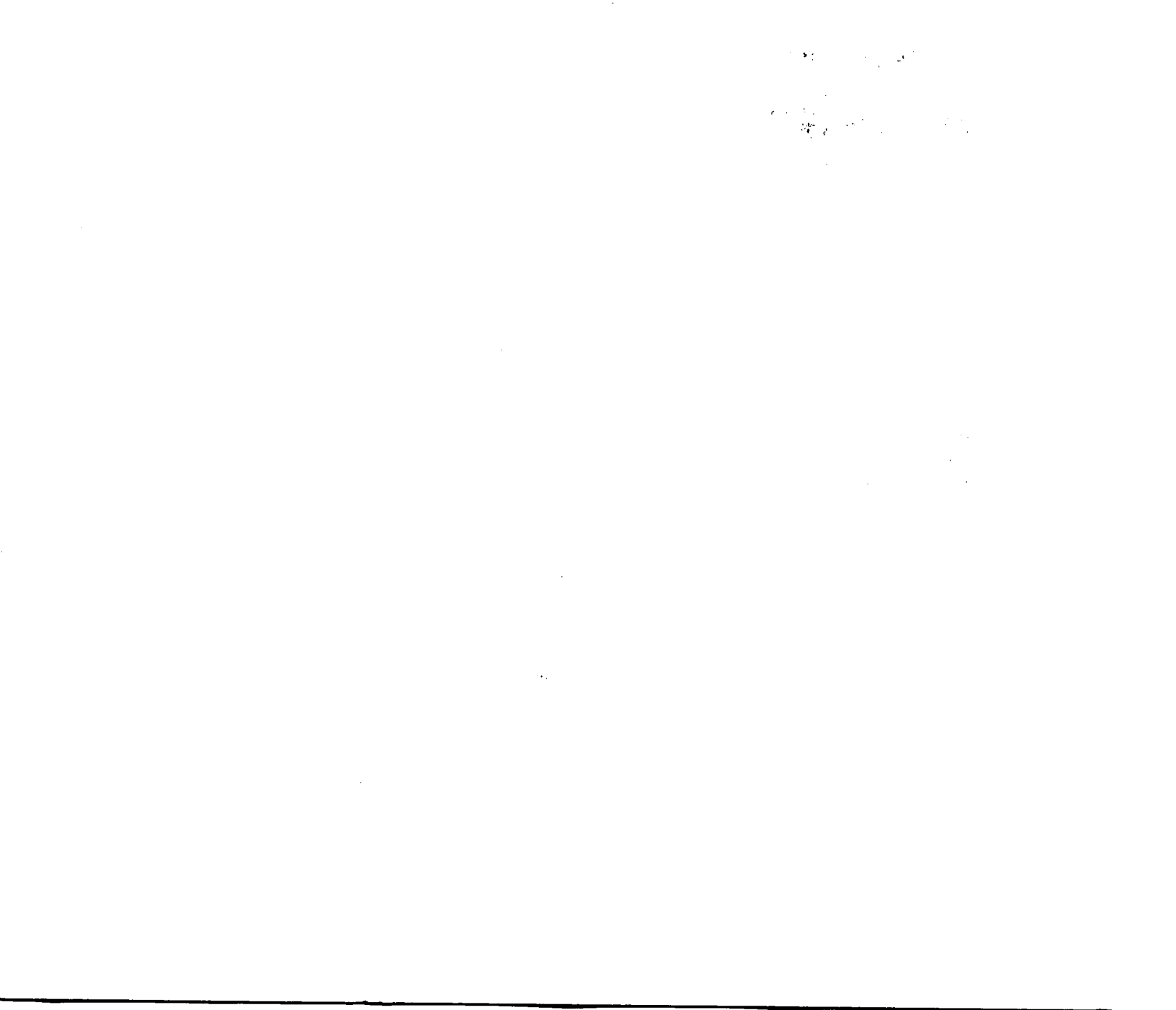
**CERTIFICATE OF STILLBIRTH**

State of Idaho

State File No. ....

Local Reg. No. 143Reg. Dist. No. 570

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>	
b. CITY OR TOWN <u>Boise</u>		c. CITY OR TOWN <u>Boise</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Lukes Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1617 Rinehart Dr.</u>	
3. CHILD'S NAME (Type or Print) <u>Johnson</u>			
4. SEX <u>F</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>5</u> <u>2</u> <u>56</u>
7. FATHER'S NAME a. (First) <u>James</u> b. (Middle) <u>Edward</u> c. (Last) <u>Johnson</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (At time of this birth) <u>23</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Ark</u>	11a. USUAL OCCUPATION <u>Police off</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Ernie</u> b. (Middle) <u>Page</u> c. (Last) <u>Varnell</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>20</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Texas</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Mother</u>			
18a. LENGTH OF PREGNANCY <u>28</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>not known</u> 20b. MATERNAL CAUSES <u>not known</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>6 P</u> m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>David Friedman MD</u> 23b. DATE SIGNED <u>5-3-56</u> 23c. ATTENDANT'S ADDRESS <u>Boise Idaho</u> If NOT attended by physician	
24. SIGNATURE OF AUTHORIZED OFFICIAL		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE <u>5-3-56</u>	25c. NAME OF CEMETERY OR CREMATORY <u>St Lukes Hospital</u>	25d. LOCATION (City, town, or county) (State) <u>Boise Idaho</u>
DATE REC'D BY LOCAL REG. <u>5-3-56</u>	REGISTRAR'S SIGNATURE <u>Maryle Palmer</u>	26. FUNERAL DIRECTOR <u>John B. Res</u>	ADDRESS <u>St Lukes Hosp</u>



**RECEIVED**

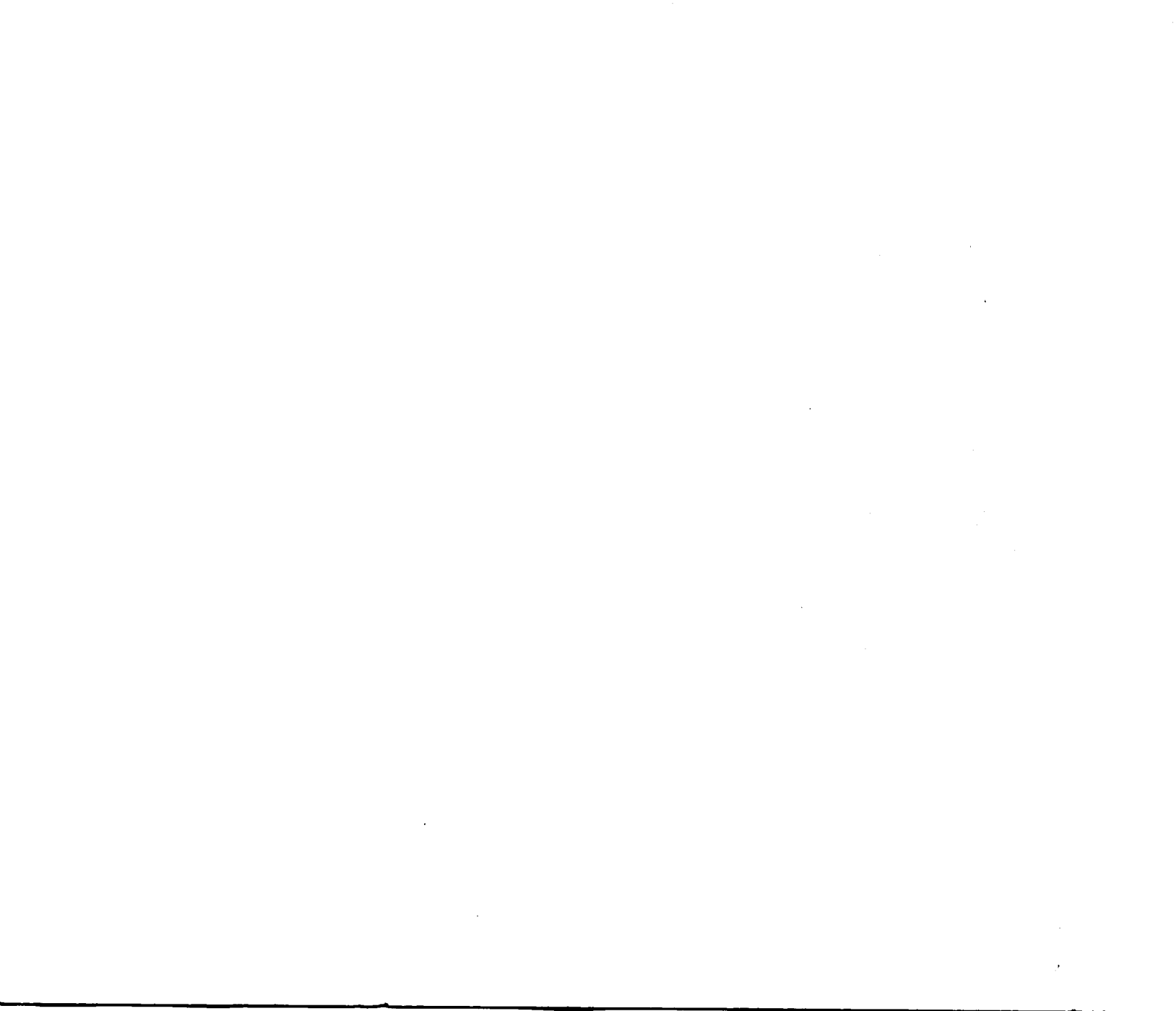
(1949 Revision of Standard Certificate)

**CERTIFICATE OF STILLBIRTH**

State of Idaho

State File No. 064Local Reg. No. 193Reg. Dist. No. 370**Division of Vital Statistics**

1. PLACE OF BIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Campus Apt 58 B.J.C.</u>	
3. CHILD'S NAME (Type or Print) <u>Infant Koopman</u>			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>5-28-56</u> <u>2<sup>10</sup> PM</u>
7. FATHER'S NAME a. (First) <u>Fred</u> b. (Middle) <u>Andrew</u> c. (Last) <u>Koopman</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>24</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Appsa, Oregon</u>	11a. USUAL OCCUPATION <u>student</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>-</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Delva</u> b. (Middle) <u>June</u> c. (Last) <u>Butler</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>19</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Appsa, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Mother - Mrs. Delva Koopman</u>			
18a. LENGTH OF PREGNANCY <u>28</u> WEEKS	18b. WEIGHT AT BIRTH <u>2</u> LBS. <u>12</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>March 56</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Prematurity</u>		
	20b. MATERNAL CAUSES <u>abruptio Placenta</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>D. B. Patterson M.D.</u>	
		23b. DATE SIGNED <u>5-28-56</u>	
23c. ATTENDANT'S ADDRESS <u>Boise</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL	TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	25b. DATE <u>5-28-56</u>	25c. NAME OF CEMETERY OR CREMATORY <u>St. Luke's Hospital</u>	25d. LOCATION (City, town, or county) (State) <u>Boise Idaho</u>
DATE REC'D BY LOCAL REG. <u>5-29-56</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>		26. FUNERAL DIRECTOR ADDRESS <u>John B. Ross, Administrator</u>

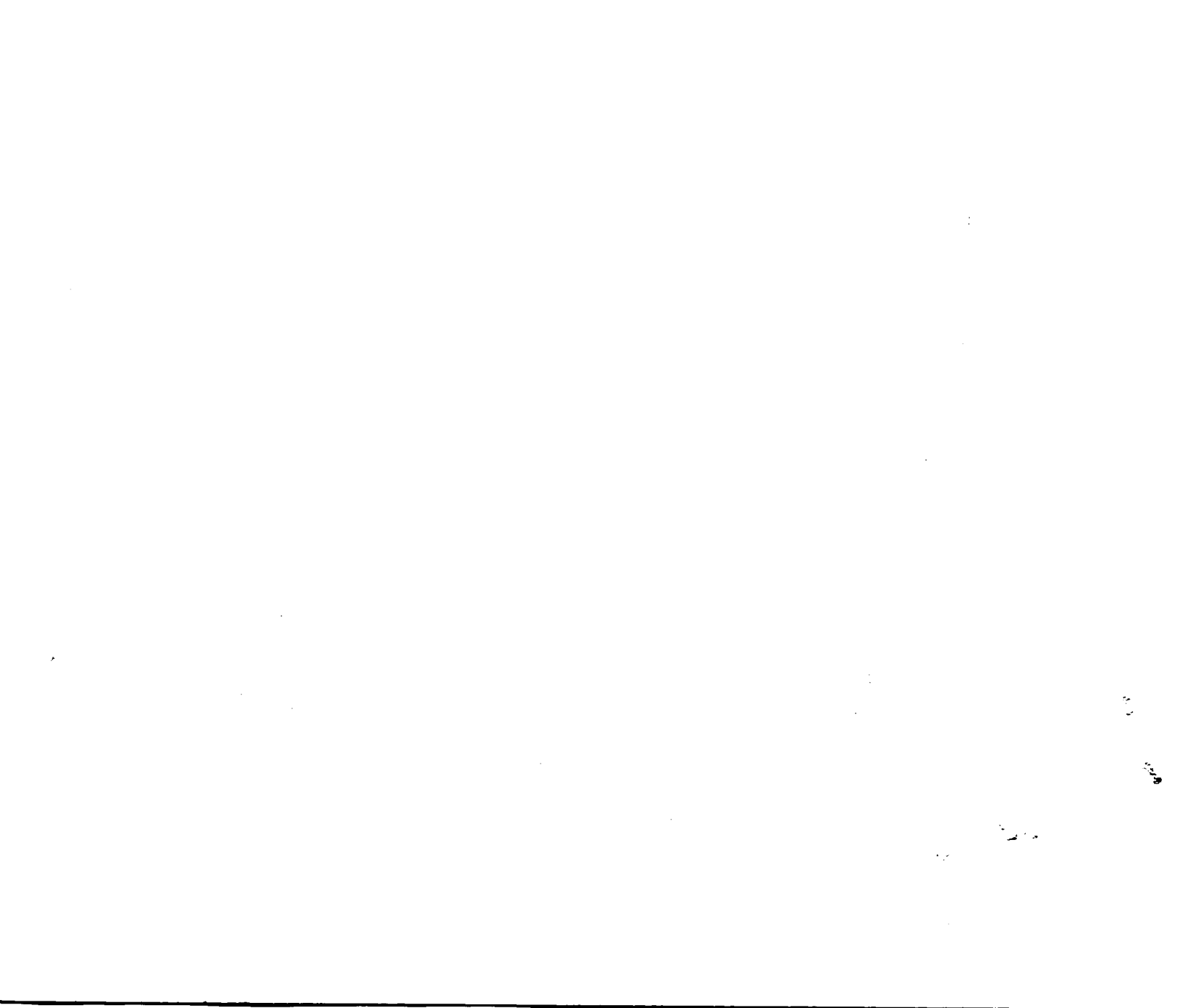


# RECEIVED CERTIFICATE OF STILLBIRTH

JUN 4 1956

State of Idaho

1. PLACE OF BIRTH a. COUNTY <u>Benewah</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Benewah</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Maries</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Maries Idaho</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Maries Hosp &amp; Clinic</u>		d. STREET ADDRESS (If rural, give location) <u>—</u>	
3. CHILD'S NAME (Type or Print) <u>Baby</u> <u>HARRIS</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>5:45 PM MAY 12 1956</u>
7. FATHER'S NAME a. (First) <u>MARMADUKE</u> b. (Middle) <u>M.</u> c. (Last) <u>HARRIS</u>		8. COLOR OR RACE <u>WHITE</u>	
9. AGE (At time of this birth) <u>30</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Spangle, Wash.</u>	11a. USUAL OCCUPATION <u>Air Corps</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>—</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>GLORDA</u> b. (Middle) <u>MERLE</u> c. (Last) <u>MICHAEL</u>		13. COLOR OR RACE <u>WHITE</u>	
14. AGE (At time of this birth) <u>29</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>ALLIANCE, TEX.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>—</u> c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? <u>—</u>	
17. INFORMANT <u>Mrs. M. M. HARRIS</u>			
18a. LENGTH OF PREGNANCY <u>43</u> WEEKS	18b. WEIGHT AT BIRTH LBS. <u>—</u> OZS. <u>—</u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date? <u>Same as outpatient U.S. Air Force Facility, Wash.</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Constriction of umbilical cord.</u>		
	20b. MATERNAL CAUSES <u>none.</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>forceps</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>—</u> m.	23a. ATTENDANT'S SIGNATURE <u>E. Sullivan M.D.</u>		23b. DATE SIGNED <u>15 May 56</u>
	23c. ATTENDANT'S ADDRESS <u>St. Maries Ida</u>	If NOT attended by physician <input type="checkbox"/>	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>—</u> TITLE <u>—</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>May 17-56</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	25d. LOCATION (City, town, or county) (State) <u>St. Maries Idaho</u>
DATE REC'D BY LOCAL REG. <u>5-31-56</u>	REGISTRAR'S SIGNATURE <u>Jean R. Hanley</u>	26. FUNERAL DIRECTOR ADDRESS <u>Gerald Browning St. Maries Ida</u>	





PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE**RECEIVED**

MAY 29 1956

Division of Vital Statistics

(1949 Revision of Standard Certificate)

**CERTIFICATE OF STILLBIRTH**

State of Idaho

State File No. ....

Local Reg. No. 106

Reg. Dist. No. 610

066

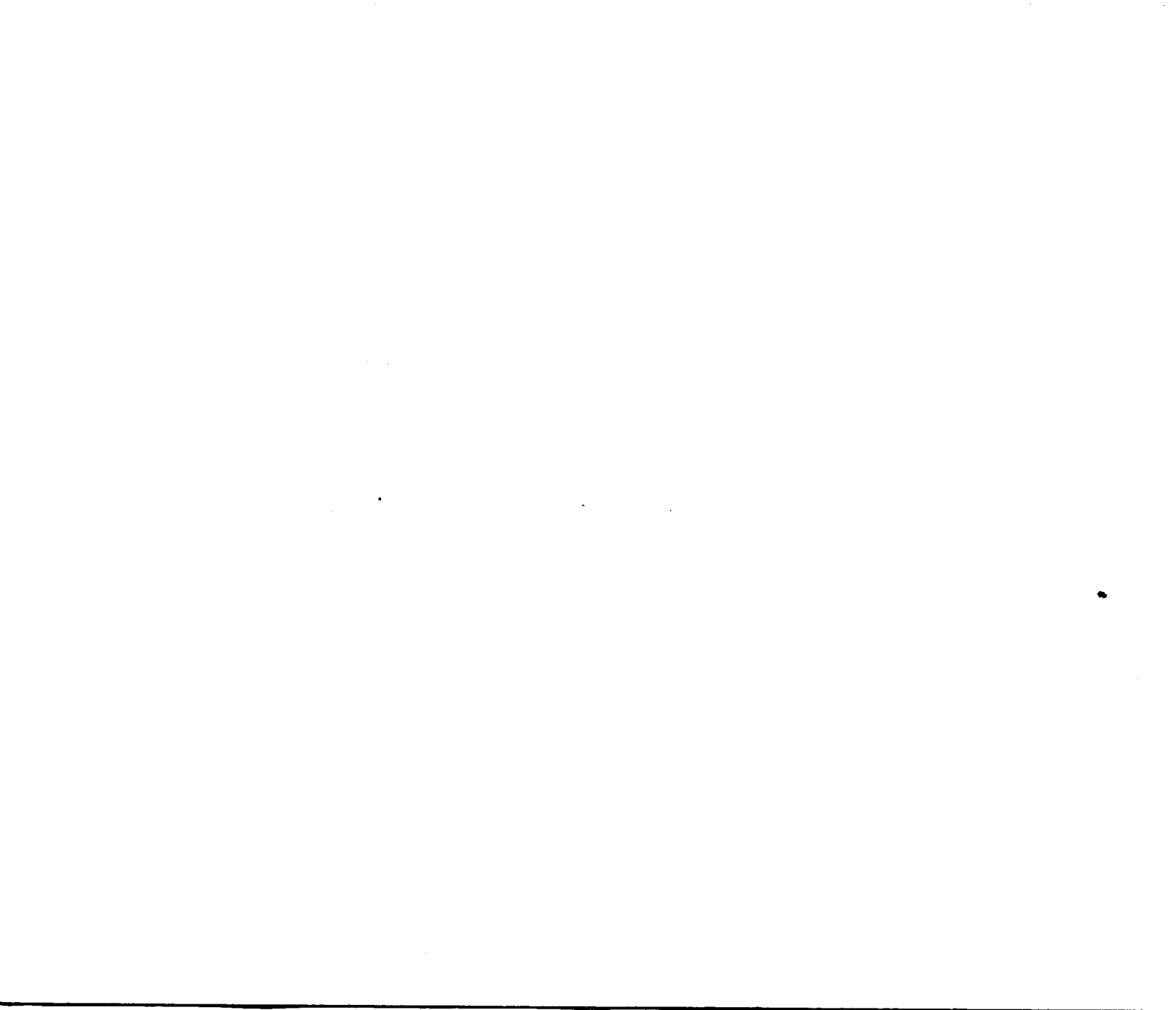
1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thornerton</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>L.R.S. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Hall</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 21 1956</u>
7. FATHER'S NAME a. (First) <u>Orland</u> b. (Middle) <u>Ray</u> c. (Last) <u>Hall</u>		8. COLOR OR RACE	
9. AGE (At time of this birth) <u>30</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Rebburg, Idaho</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Afton</u> b. (Middle) <u>Oliver</u> c. (Last) <u>Harris</u>		13. COLOR OR RACE	
14. AGE (At time of this birth) <u>30</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Salem, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Orland Ray Hall</u>			
18a. LENGTH OF PREGNANCY <u>39</u> WEEKS	18b. WEIGHT AT BIRTH <u>7</u> LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u><del>None</del> Erythroblastosis Fetalis</u>	
		20b. MATERNAL CAUSES <u>R.H. negative c increasing titre.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Three Previous Caesarian Sections</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Caesarian Section</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Ussell Hall, M.D.</u>	23b. DATE SIGNED <u>5-22-56</u>
23c. ATTENDANT'S ADDRESS <u>Highway, Idaho</u>		If NOT attended by physician <input type="checkbox"/>	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Russell Plamm</u>
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE <u>5/23/56</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Cedar Butte</u>	25d. LOCATION (City, town, or county) (State) <u>Arnis, Jefferson, Idaho</u>
DATE REC'D BY LOCAL REG. <u>May 26-56</u>	REGISTRAR'S SIGNATURE <u>Anna Budjic</u>	26. FUNERAL DIRECTOR <u>Russell Plamm</u>	

MAY 13 1964

(1949 Revision of Standard Certificate)  
**CERTIFICATE OF STILLBIRTH**  
State of Idaho

067  
State File No. ....  
Local Reg. No. 22-56  
Reg. Dist. No. 100

<b>1. PLACE OF STILLBIRTH</b> a. COUNTY <u>Boundary</u> b. CITY OR TOWN <u>Bonnets Ferry</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u>		<b>2. USUAL RESIDENCE OF MOTHER (Where the mother lives)</b> a. STATE <u>Idaho</u> b. COUNTY <u>Boundary</u> c. CITY OR TOWN <u>Mojave Springs</u> d. STREET ADDRESS (If rural, give location)	
<b>3. CHILD'S NAME</b> ((Type or Print)) <u>(not named)</u>			
<b>4. SEX</b> <u>Female</u>	<b>5a. THIS BIRTH</b> SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	<b>5b. IF TWIN OR TRIPLET (This child born)</b> 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	<b>6. DATE OF STILLBIRTH</b> (Month) (Day) (Year) <u>May 29 1956</u>
<b>7. FATHER'S NAME</b> a. (First) <u>Thomas</u> b. (Middle) <u>William</u> c. (Last) <u>Fisher</u>		<b>8. COLOR OR RACE</b> <u>W</u>	
<b>9. AGE (At time of this birth)</b> <u>43</u> YEARS	<b>10. BIRTHPLACE (State or foreign country)</b> <u>Big Station, Mich</u>	<b>11a. USUAL OCCUPATION</b> <u>logger</u>	<b>11b. KIND OF BUSINESS OR INDUSTRY</b> <u>timber</u>
<b>12. MOTHER'S MAIDEN NAME</b> a. (First) <u>Genevieve</u> b. (Middle) <u>Maude</u> c. (Last) <u>Weller</u>		<b>13. COLOR OR RACE</b> <u>W</u>	
<b>14. AGE (At time of this birth)</b> <u>39</u> YEARS	<b>15. BIRTHPLACE (State or foreign country)</b> <u>North Pembroke, Mass</u>	<b>16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)</b> a. How many children are now living? <u>5</u> b. How many children were born alive but are now dead? <u>2</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
<b>17. INFORMANT</b> <u>Mrs J.W. Fisher (Mojave Springs)</u>	<b>18a. LENGTH OF PREGNANCY</b> <u>39</u> WEEKS		
<b>18b. WEIGHT AT BIRTH</b> <u>7</u> LBS. <u>10</u> OZS.	<b>19. Was a standard serological test for syphilis performed?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>CAUSE OF STILLBIRTH</b> State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		<b>20a. FETAL CAUSES</b> <u>occlusion of umbilical cord</u>	
		<b>20b. MATERNAL CAUSES</b>	
<b>21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR</b> <u>none</u>		<b>22. STATE ALL OPERATIONS FOR DELIVERY</b> <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>1:40 A.m.</u>		<b>23a. ATTENDANT'S SIGNATURE</b> <u>Frederick W. Durose, M.D.</u>	<b>23b. DATE SIGNED</b> <u>5/29/56</u>
		<b>23b. ATTENDANT'S ADDRESS</b> <u>Bonnets Ferry, Idaho</u>	<b>24. SIGNATURE OF AUTHORIZED OFFICIAL</b> TITLE
<b>25a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Cremation</u>	<b>25b. DATE</b> <u>5/29/56</u>	<b>25c. NAME OF CEMETERY OR CREMATORY</b> <u>Hospital Incinerator</u>	<b>25d. LOCATION (City, town, or county) (State)</b> <u>Bonnets Ferry Idaho</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>June 1-1956</u>	<b>REGISTER'S SIGNATURE</b> <u>Karl Soule</u>	<b>26. FUNERAL DIRECTOR</b> <u>E. H. Whitney</u>	<b>ADDRESS</b> <u>Bonnets Ferry Idaho</u>



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(1949 Revision of Standard Certificate)

JUN 11 1956

## CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 068

Local Reg. No. 180

Reg. Dist. No. 360

## Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY <i>Canyon</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY <i>Payson</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Caldwell</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Homedale</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Caldwell Memorial</i>		d. STREET ADDRESS (If rural, give location) <i>Gen delivery</i>	
3. CHILD'S NAME (Type or Print) <i>Joe De La Rosa</i>			
4. SEX <i>male</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>May 22, 1956</i>
7. FATHER'S NAME a. (First) <i>Julian</i> b. (Middle) <i>De La</i> c. (Last) <i>Rosa</i>		8. COLOR OR RACE <i>Mexican</i>	
9. AGE (At time of this birth) <i>33</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Honda Texas</i>	11a. USUAL OCCUPATION <i>Laborer</i>	11b. KIND OF BUSINESS OR INDUSTRY <i>Farmers</i>
12. MOTHER'S MAIDEN NAME a. (First) <i>Amalia</i> b. (Middle) <i>Torres</i> c. (Last) <i>Torres</i>		13. COLOR OR RACE	
14. AGE (At time of this birth) <i>29</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>London Texas</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>5</i> b. How many children were born alive but are now dead? <i>—</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>—</i>	
17. INFORMANT <i>Julian De La Rosa</i>	18. LENGTH OF PREGNANCY <i>38</i> WEEKS	18a. WEIGHT AT BIRTH <i>6</i> LBS. - OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <i>May 1, 1956</i>
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Infarction of Placenta</i> 20b. MATERNAL CAUSES <i>none</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>none</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>none</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <i>8:15 a.m.</i>		23a. ATTENDANT'S SIGNATURE <i>R. H. Schmitt</i> (Specify if M. D., midwife, or other) <i>M.D.</i>	23b. DATE SIGNED <i>5-23-56</i>
23c. ATTENDANT'S ADDRESS <i>Homedale</i>		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	25b. DATE <i>5/31/56</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Canyon Hill</i>	25d. LOCATION (City, town, or county) (State) <i>Caldwell, Idaho</i>
DATE REC'D BY LOCAL REG. <i>6/5/56</i>		REGISTRAR'S SIGNATURE <i>Agnes M. Denman</i>	26. FUNERAL DIRECTOR ADDRESS <i>Flahiff Funeral Chapel</i> <i>Chas B. Flahiff</i>



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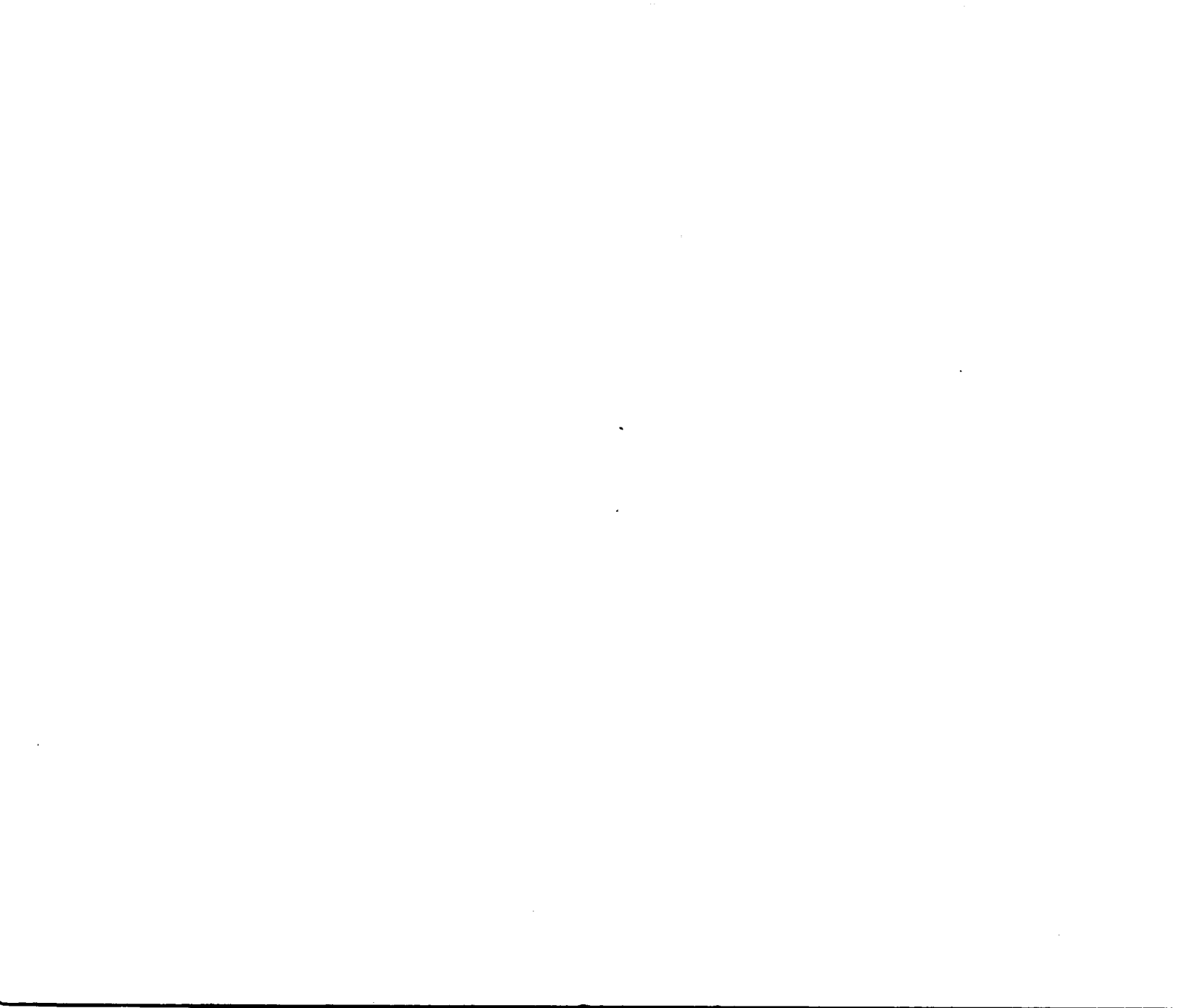
JUN 21 1956

(1949 Revision of Standard Certificate)  
**CERTIFICATE OF STILLBIRTH**  
State of Idaho

State File No. 069  
Local Reg. No. 3  
Reg. Dist. No. 343

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY <b>Canyon</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Bingham County</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Nampa</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Shelley</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mercy Hospital.</b>		d. STREET ADDRESS (If rural, give location) <b>Box 366</b>	
3. CHILD'S NAME (Type or Print) <b>Infant Son Stoddart</b>			
4. SEX <b>Male</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <b>March 15, 1956</b>
7. FATHER'S NAME a. (First) <b>Duane</b> b. (Middle) <b>A</b> c. (Last) <b>Stoddart</b>		8. COLOR OR RACE <b>White</b>	
9. AGE (At time of this birth) <b>27 YEARS</b>	10. BIRTHPLACE (State or foreign country) <b>Idaho Falls, Idaho</b>	11a. USUAL OCCUPATION <b>Instrument Mechanic</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>Phillips Petroleum</b>
12. MOTHER'S MAIDEN NAME a. (First) <b>Colleen</b> b. (Middle) <b>K</b> c. (Last) <b>Kelley</b>		13. COLOR OR RACE <b>White</b>	
14. AGE (At time of this birth) <b>26 YEARS</b>	15. BIRTHPLACE (State or foreign country) <b>Idaho Falls, Idaho.</b>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <b>0</b> b. How many children were born alive but are now dead? <b>0</b> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>1</b>	
17. INFORMANT <b>Duane a. Stoddart</b>			
18a. LENGTH OF PREGNANCY WEEKS <b>4</b>	18b. WEIGHT AT BIRTH LBS. <b>4</b> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <b>3/18/56</b>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <b>Abrupted placenta</b>	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <b>premature separation of placenta</b>		22. STATE ALL OPERATIONS FOR DELIVERY <b>routine vaginal delivery</b>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <b>Spencer B. Marston MD</b>	23b. DATE SIGNED <b>March 20 1956</b>
23c. ATTENDANT'S ADDRESS <b>Nampa Idaho</b>		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <b>John F. Alsip</b> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	25b. DATE <b>March 19, 1956</b>	25c. NAME OF CEMETERY OR CREMATORY <b>Kohlerlawn Cemetery</b>	25d. LOCATION (City, town, or county) (State) <b>Nampa, Idaho</b>
DATE REC'D BY LOCAL REG. <b>June 11, 1956</b>	REGISTRAR'S SIGNATURE <b>Marjorie Steed</b>	26. FUNERAL DIRECTOR <b>John F. Alsip</b> ADDRESS <b>Alsip Funeral Chapel, Nampa, Idaho</b>	





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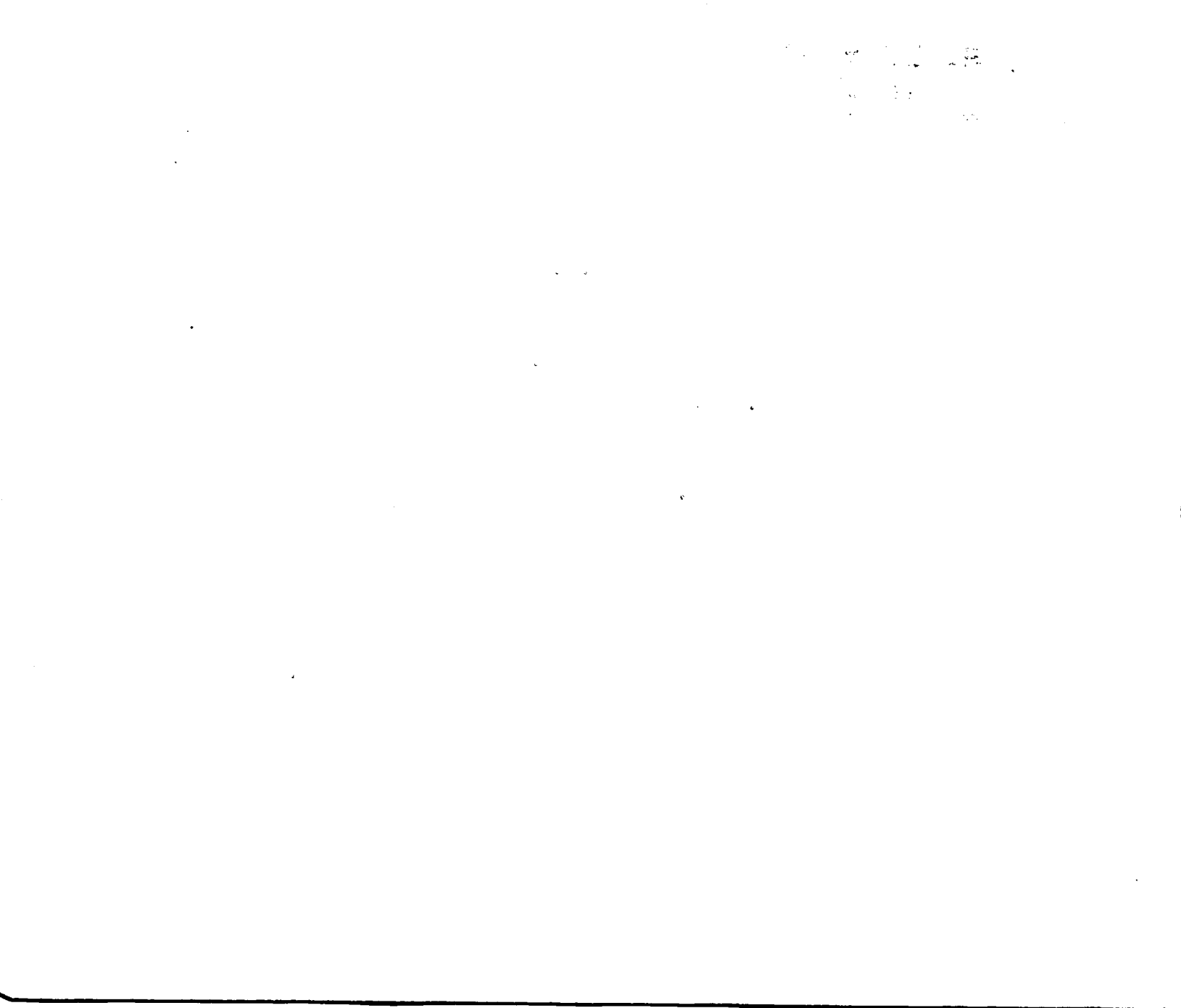
**CERTIFICATE OF STILLBIRTH**

State of Idaho

State File No. 870Local Reg. No. 19Reg. Dist. No. 312

## Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY <u>Clearwater</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Clearwater</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pierce-rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pierce</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Keith N.M.N. Ellis</u>			
4. SEX <u>M</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 25, 1956</u>
7. FATHER'S NAME a. (First) <u>Richard</u>		b. (Middle) <u>N.</u>	c. (Last) <u>Ellis</u>
8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) <u>22</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>W. Va.</u>	11a. USUAL OCCUPATION <u>Army Air Force</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Airman</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Beverly</u>		b. (Middle) <u>Riley</u>	c. (Last)
13. COLOR OR RACE <u>White</u>			
14. AGE (At time of this birth) <u>18</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Wash.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>None</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Richard N. Ellis</u>			
18a. LENGTH OF PREGNANCY <u>28</u> WEEKS	18b. WEIGHT AT BIRTH <u>3</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <u>No</u> X Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Prematurity</u>	
		20b. MATERNAL CAUSES <u>Mother went horseback riding.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)	
		23b. DATE SIGNED <u>5-31-1956</u>	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>R. E. Gilbert</u> TITLE <u>Coroner</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>5-31-1956</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Riverside Cemetery</u>
		25d. LOCATION (City, town, or county) <u>Orofino</u>	(State) <u>Idaho</u>
DATE REC'D BY LOCAL REG. <u>June 4, 1956</u>		26. FUNERAL DIRECTOR <u>M. R. Gilbert</u> ADDRESS <u>Orofino, Idaho</u> <u>Gilbert's Funeral Chapel</u>	



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(1949 Revision of Standard Certificate)

MAY 18 1956

**CERTIFICATE OF STILLBIRTH**

State of Idaho

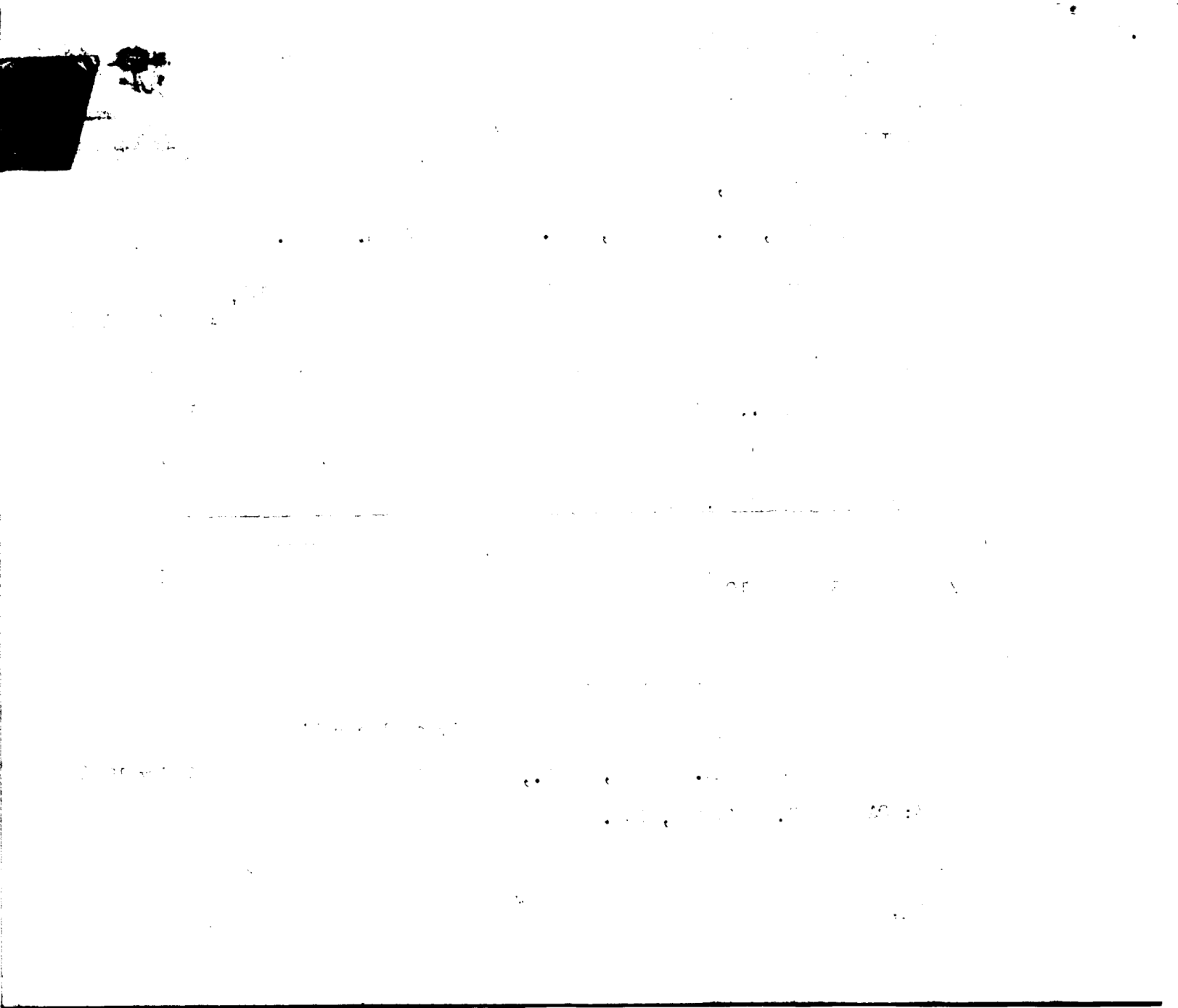
State File No.

Local Reg. No.

Reg. Dist.

Division of Vital Statistics

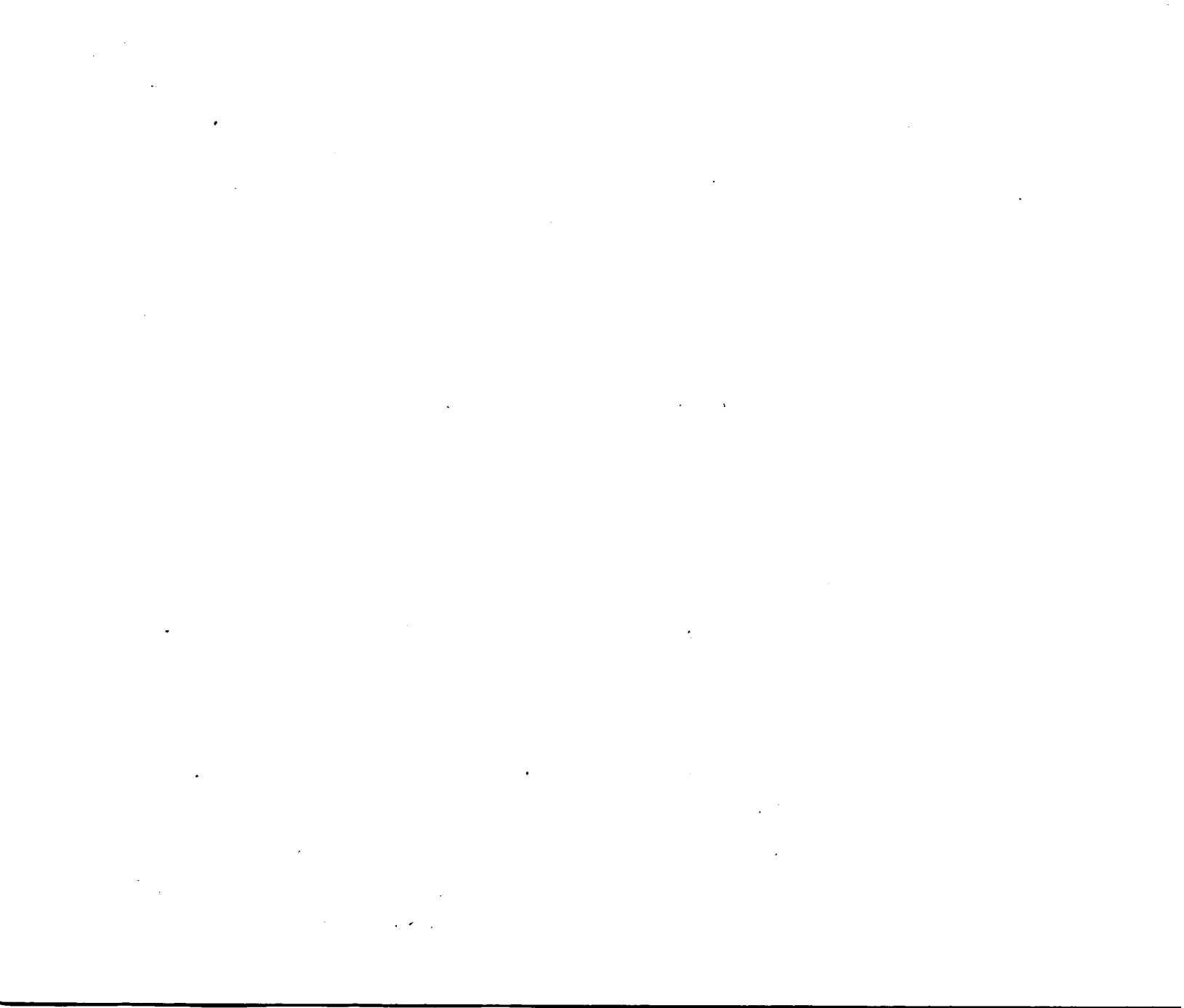
1. PLACE OF STILLBIRTH a. COUNTY <b>ELMORE</b>			2. USUAL RESIDENCE OF MOTHER (When born) a. STATE <b>IDAHO</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MOUNTAIN HOME AFB, IDAHO</b>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MOUNTAIN HOME</b>		
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>USAF HOSP. MT. HOME AFB, IDA.</b>			d. STREET ADDRESS (If rural, give location) <b>140 E. 3RD N.</b>		
3. CHILD'S NAME (Type or Print)					
<b>KATHY</b>		<b>LYNN</b>		<b>HANSEN</b>	
4. SEX <b>FEMALE</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <b>MAY 7 1956</b>		
7. FATHER'S NAME a. (First) <b>RICHARD</b>		b. (Middle) <b>PEYTON</b>		c. (Last) <b>HANSEN</b>	
9. AGE (At time of this birth) <b>39 YEARS</b>		10. BIRTHPLACE (State or foreign country) <b>WASH., SEATTLE</b>		11a. USUAL OCCUPATION <b>USAF</b>	
				11b. KIND OF BUSINESS OR INDUSTRY <b>USAF</b>	
12. MOTHER'S MAIDEN NAME a. (First) <b>DOROTHY</b>		b. (Middle) <b>LEE</b>		c. (Last) <b>OGBURN</b>	
14. AGE (At time of this birth) <b>32 YEARS</b>		15. BIRTHPLACE (State or foreign country) <b>MISSOURI, WARRENSBURG</b>		13. COLOR OR RACE <b>CAU</b>	
17. INFORMANT <b>"X" Richard P. Hansen</b>			16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <b>ONE</b> b. How many children were born alive but are now dead? <b>NONE</b> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>NONE</b>		
18a. LENGTH OF PREGNANCY <b>34 WEEKS</b>	18b. WEIGHT AT BIRTH <b>3 LBS. 10 OZS.</b>	19. Was a standard serological test for syphilis performed? Yes. <b>X</b> No.			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <b>undetermined</b>			
		20b. MATERNAL CAUSES <b>undetermined</b>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR			22. STATE ALL OPERATIONS FOR DELIVERY <b>Repair of laceration</b>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>4:20A m.</b>			23a. ATTENDANT'S SIGNATURE <b>ROBERT L. MORGAN, Capt. USAF (MC)</b>		23b. DATE SIGNED <b>7 May 1956</b>
23c. ATTENDANT'S ADDRESS <b>MT. HOME AFB, IDA.</b>			24. SIGNATURE OF AUTHORIZED OFFICIAL <b>Clyde E. Summers</b> TITLE		
25a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	25b. DATE <b>5/8/56</b>	25c. NAME OF CEMETERY OR CREMATORY <b>Cloverdale Memorial Park</b>		25d. LOCATION (City, town, or county) (State) <b>Boise, Idaho</b>	
DATE REC'D BY LOCAL REG. <b>May 10, 1956</b>		REGISTRAR'S SIGNATURE <b>A. Anderson</b>		26. FUNERAL DIRECTOR <b>Clyde E. Summers</b> ADDRESS <b>Boise, Idaho</b>	



**RECEIVED** (1949 Revision of Standard Certificate)  
**CERTIFICATE OF STILLBIRTH**  
**State of Idaho**  
**MAY 18 1956**

State File No. 072  
Local Reg. No. 19  
Reg. Dist. No. 380-391

1. PLACE OF STILLBIRTH (Where does mother live?) a. COUNTY <u>ELMORE</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MOUNTAIN HOME AFB, IDAHO</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>USAF HOSP, MT. HOME AFB, IDA.</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>IDAHO</u> b. COUNTY <u>ADA</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BOISE</u> d. STREET ADDRESS (If rural, give location) <u>804 MARSHALL STREET</u>	
3. CHILD'S NAME (Type or Print) <u>DENISE KAY YOUNG</u>			
4. SEX <u>FEMALE</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>MAY 11, 1956</u>
7. FATHER'S NAME a. (First) <u>GEORGE</u> b. (Middle) c. (Last) <u>YOUNG</u>		8. COLOR OR RACE <u>CAU</u>	
9. AGE (At time of this birth) <u>33</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>HARLAN, KENTUCKY</u>	11a. USUAL OCCUPATION <u>US ARMY</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>US ARMY</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>BETTY</u> b. (Middle) <u>RAYE</u> c. (Last) <u>SNYDER</u>		13. COLOR OR RACE <u>CAU</u>	
14. AGE (At time of this birth) <u>32</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>CHECHALS, WASHINGTON</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Mrs Betty Kay Young (Mother)</u>			
18a. LENGTH OF PREGNANCY <u>38</u> WEEKS	18b. WEIGHT AT BIRTH <u>5</u> LBS. <u>13</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>21 Mar 56</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Asphyxia, due to atrophy and fibrosis of the placenta.</u>		20a. FETAL CAUSES <u>Asphyxia, due to atrophy and fibrosis of the placenta.</u>	
20b. MATERNAL CAUSES <u>NONE</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>INTRAUTERINE FETAL DEATH</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>NONE</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>12:47</u> p. m.		23a. ATTENDANT'S SIGNATURE <u>Robert L. Morgan, Capt., USAF (MC)</u> 23c. ATTENDANT'S ADDRESS <u>MT. HOME AFB, IDAHO</u>	23b. DATE SIGNED <u>11 MAY 1956</u> 24. SIGNATURE OF AUTHORIZED OFFICIAL <u>C. E. Alden</u> TITLE <u>McBratney-Alden</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>May 12, 1956</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Cloverdale</u>	25d. LOCATION (City, town, or county) (State) <u>Boise, Idaho</u>



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MAY 28 1956

(1949 Revision of Standard Certificate)  
**CERTIFICATE OF STILLBIRTH**  
State of Idaho

State File No. 073  
Local Reg. No. 87  
Reg. Dist. No. 220

1. PLACE OF BIRTH a. COUNTY <b>Nez Perce</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Nez Perce</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lewiston</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lewiston</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph</b>		d. STREET ADDRESS (If rural, give location) <b>1930 Cedar</b>	
3. CHILD'S NAME (Type or Print) <b>Albert Lauren Elliot</b>			
4. SEX <b>Male</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <b>May 19 1956</b>
7. FATHER'S NAME a. (First) <b>Alfred</b> b. (Middle) <b>Clayton</b> c. (Last) <b>Elliot</b>		8. COLOR OR RACE <b>White</b>	
9. AGE (At time of this birth) <b>33</b> YEARS	10. BIRTHPLACE (State or foreign country) <b>Lewiston, Idaho</b>	11a. USUAL OCCUPATION <b>Truck driver</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>
12. MOTHER'S MAIDEN NAME a. (First) <b>Betty</b> b. (Middle) <b>R.</b> c. (Last) <b>Norton</b>		13. COLOR OR RACE <b>White</b>	
14. AGE (At time of this birth) <b>28</b> YEARS	15. BIRTHPLACE (State or foreign country) <b>Lewiston, Idaho</b>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <b>2</b> b. How many children were born alive but are now dead? <b>None</b> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>2</b>	
17. INFORMANT <b>X Alfred C. Elliot</b>			
18a. LENGTH OF PREGNANCY <b>37</b> WEEKS	18b. WEIGHT AT BIRTH <b>6</b> LBS. <b>15</b> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <b>10/12/55</b>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <b>Anoxia</b>	
		20b. MATERNAL CAUSES <b>Premature Separation of Placenta</b>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <b>Severe Sudden Bleeding</b>		22. STATE ALL OPERATIONS FOR DELIVERY <b>C. Section</b>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>1:26 P.m.</b>		23a. ATTENDANT'S SIGNATURE <b>W.D. Pierce</b>	23b. DATE SIGNED <b>5/21/56</b>
23c. ATTENDANT'S ADDRESS <b>Lewiston, Idaho.</b>		24. SIGNATURE OF AUTHORIZED OFFICIAL <b>Dr. Pierce</b>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	25b. DATE <b>5/22/56</b>	25c. NAME OF CEMETERY OR CREMATORY <b>Normal Hill</b>	25d. LOCATION (City, town, or county) (State) <b>Lewiston Idaho</b>
DATE REC'D BY LOCAL REG. <b>5/24/56</b>	REGISTRAR'S SIGNATURE <b>Cora King</b>	26. FUNERAL DIRECTOR <b>Brower-Wann</b> ADDRESS <b>by: R.E. DeBann Lewiston, Idaho</b>	





PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICERECEIVED  
JUN 6 1956  
Division of Vital Statistics

(1949 Revision of Standard Certificate)

## CERTIFICATE OF STILLBIRTH

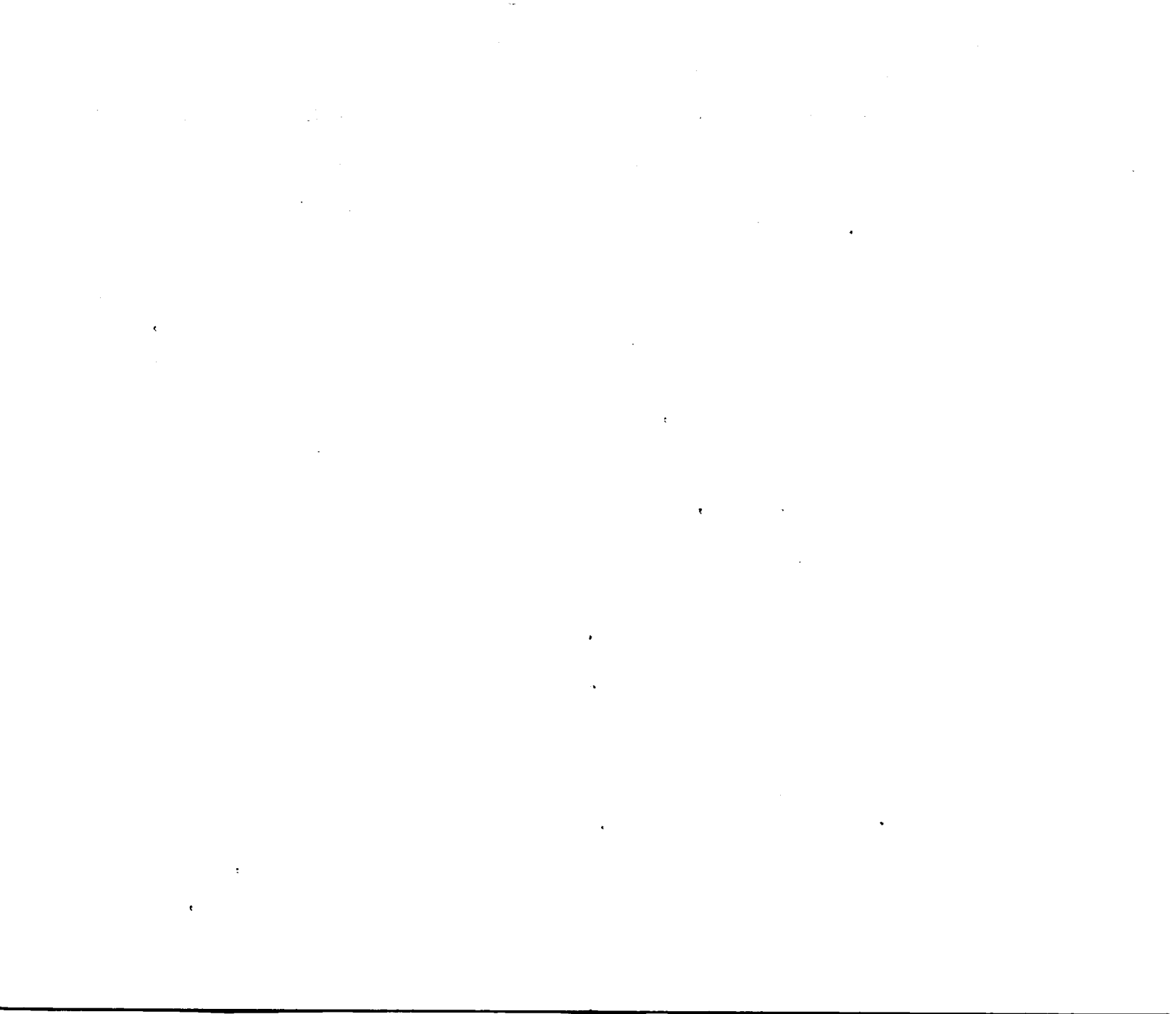
State of Idaho

State File No. 074

Local Reg. No. 100

Reg. Dist. No. 220

1. PLACE OF STILLBIRTH a. COUNTY <b>Nez Perce</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Washington</b> b. COUNTY <b>Asotin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lewiston</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clarkston</b>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1216 11th Street</b>	
3. CHILD'S NAME (Type or Print) <b>Baby Appleford</b>			
4. SEX <b>Female</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <b>May 25, 1956</b>
7. FATHER'S NAME a. (First) <b>Alfred</b> b. (Middle) <b>Appleford</b> c. (Last) <b>White</b>		8. COLOR OR RACE <b>White</b>	
9. AGE (At time of this birth) <b>41</b> YEARS	10. BIRTHPLACE (State or foreign country) <b>Cloverland, Washington</b>	11a. USUAL OCCUPATION <b>Contractor</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>Homes</b>
12. MOTHER'S MAIDEN NAME a. (First) <b>Rose</b> b. (Middle) <b>Taplin</b> c. (Last) <b>White</b>		13. COLOR OR RACE <b>White</b>	
14. AGE (At time of this birth) <b>35</b> YEARS	15. BIRTHPLACE (State or foreign country) <b>Orofino, Idaho</b>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <b>1</b> b. How many children were born alive but are now dead? <b>None</b> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>None</b>	
17. INFORMANT <i>Alfred Appleford</i>			
18a. LENGTH OF PREGNANCY <b>42</b> WEEKS		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <b>5/28/56</b>	
18b. WEIGHT AT BIRTH <b>6</b> LBS. <b>13</b> OZS.			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <b>Unknown</b>		20a. FETAL CAUSES <b>Unknown</b>	
		20b. MATERNAL CAUSES <b>None determined</b>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Interruption of pregnancy - 2nd trimester</i>		22. STATE ALL OPERATIONS FOR DELIVERY <b>None</b>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>2:15 P.m.</b>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>W.C. Merchant M.D.</i>	
23b. ATTENDANT'S ADDRESS <b>Lewiston, Idaho</b>		23c. DATE SIGNED <b>5/28/56</b>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <b>W.C. Merchant</b>		TITLE <b>Clarkston, Washington</b>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	25b. DATE <b>5/28/1956</b>	25c. NAME OF CEMETERY OR CREMATORY <b>Vineland</b>	25d. LOCATION (City, town, or county) (State) <b>Clarkston, Washington</b>
DATE REC'D BY LOCAL REG. <b>5/28/56</b>		REGISTRAR'S SIGNATURE <i>Cora Kinger</i>	
		26. FUNERAL DIRECTOR ADDRESS <b>W.C. Merchant. Clarkston, Washington</b>	



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4-48

FEDERAL BUREAU OF INVESTIGATION  
PUBLIC HEALTH SERVICE

MAY 31 1956

Division of Vital Statistics

(1949 Revision of Standard Certificate)

## CERTIFICATE OF STILLBIRTH

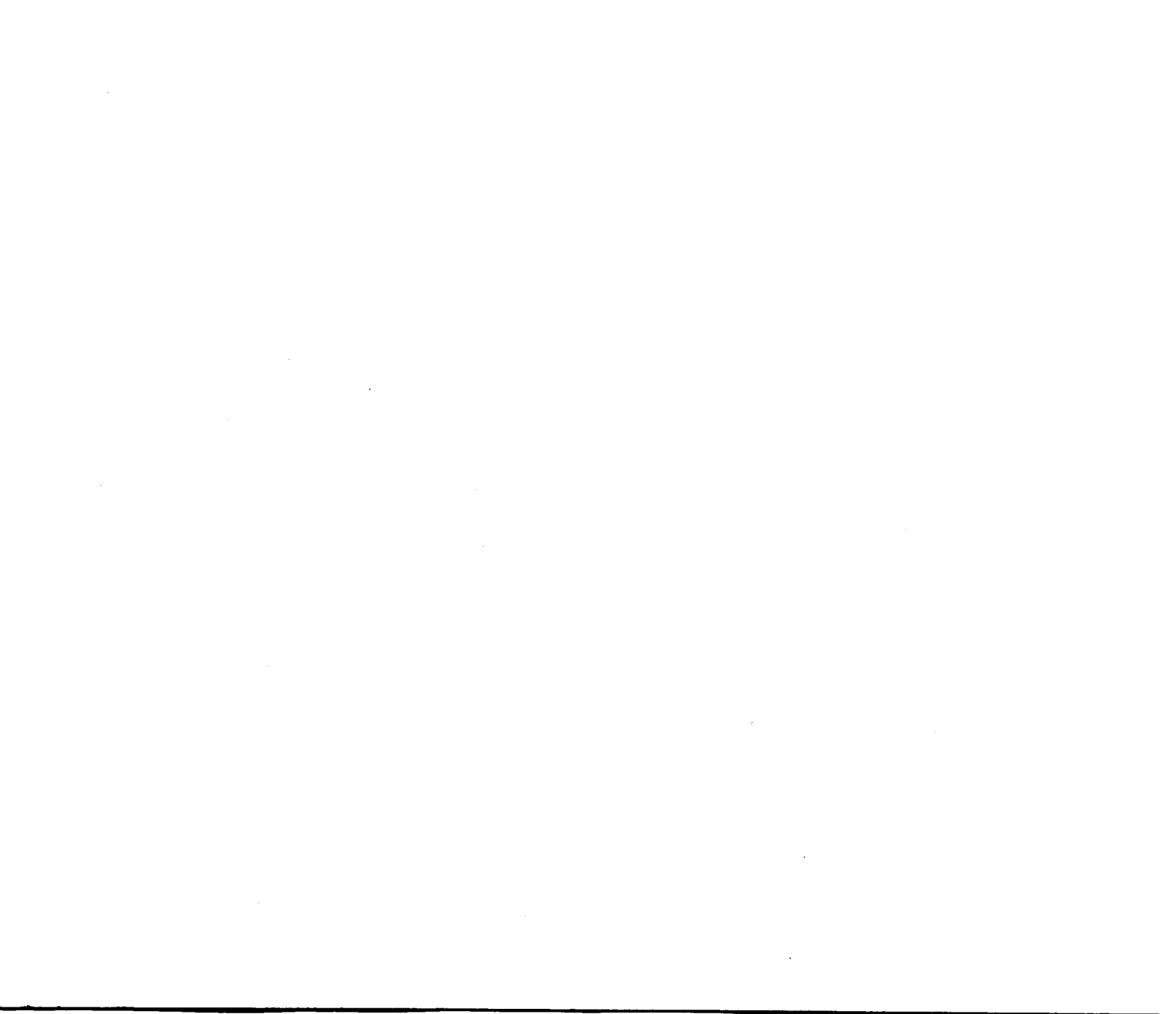
State of Idaho

State File No. 075

Local Reg. No. 43

Reg. Dist. No. 140

1. PLACE OF STILLBIRTH a. COUNTY <b>Shoshone</b>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Shoshone</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Wallace</b>			c. CITY (If outside corporate limits, write RURAL and give township) <b>Box 417 Osburn, Idaho</b>		
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Providence Hospital</b>			d. STREET ADDRESS (If rural, give location)		
3. CHILD'S NAME (Type or Print) <b>John Wayland Britt</b>					
4. SEX <b>Male</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <b>May 24 1956</b>		
7. FATHER'S NAME a. (First) <b>John</b> b. (Middle) <b>Homer</b> c. (Last) <b>Britt</b>		8. COLOR OR RACE <b>White</b>			
9. AGE (At time of this birth) <b>43</b> YEARS	10. BIRTHPLACE (State or foreign country) <b>Nashville, Arkansas</b>	11a. USUAL OCCUPATION <b>Mine Motorman</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>Mining</b>		
12. MOTHER'S MAIDEN NAME a. (First) <b>June</b> b. (Middle) <b>Lee</b> c. (Last) <b>Ward</b>		13. COLOR OR RACE <b>White</b>			
14. AGE (At time of this birth) <b>20</b> YEARS	15. BIRTHPLACE (State or foreign country) <b>Gillham, Arkansas</b>				
17. INFORMANT <b>John W. Britt</b>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <b>one</b>		b. How many children were born alive but are now dead? <b>None</b>	
18a. LENGTH OF PREGNANCY <b>24</b> WEEKS		18b. WEIGHT AT BIRTH <b>2</b> LBS. <b>2</b> OZS.		19. Was a standard serological test for syphilis performed? Yes..... No..... <b>Approximate date</b>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <b>Immaturity &amp; Prematurity.</b>			
		20b. MATERNAL CAUSES <b>Recurrent Placental Infaracts.</b>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <b>LABOR AT 24 weeks. Periodic threatening.</b>			22. STATE ALL OPERATIONS FOR DELIVERY <b>None.</b>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <b>Robert J. Krelli md</b>		23b. DATE SIGNED <b>25 May 1956</b>	
		23c. ATTENDANT'S ADDRESS <b>Wallace, Idaho</b>		24. SIGNATURE OF AUTHORIZED OFFICIAL <b>David M. Henderson</b>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		25b. DATE <b>May 26, 1956</b>		25c. NAME OF CEMETERY OR CREMATORY <b>Worstell Cemetery</b>	
				25d. LOCATION (City, town, or county) (State) <b>Wallace, Idaho</b>	
DATE REC'D BY LOCAL REG. <b>May 25-1956</b>		REGISTRAR'S SIGNATURE <b>Wale J. Cornell</b>		26. FUNERAL DIRECTOR <b>David M. Henderson</b>	



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(1949 Revision of Standard Certificate)

State File No. 076  
Local Reg. No. 41  
Reg. Dist. No. 020

**MAY 18 1956**

**CERTIFICATE OF STILLBIRTH**

State of Idaho

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY <u>Teton.</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Teton.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Driggs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Driggs.</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Teton Valley Hospital.</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print)			
4. SEX <u>Girl.</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 8 - 1956</u>
7. FATHER'S NAME a. (First) <u>James</u> b. (Middle) <u>Wallace</u> c. (Last) <u>Price.</u>		8. COLOR OR RACE <u>White.</u>	
9. AGE (At time of this birth) <u>24 YEARS</u>	10. BIRTHPLACE (State or foreign country) <u>Driggs Idaho.</u>	11a. USUAL OCCUPATION <u>Farmer.</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Marlene</u> b. (Middle) <u>Ruth</u> c. (Last) <u>Terry</u>		13. COLOR OR RACE <u>White.</u>	
14. AGE (At time of this birth) <u>23 YEARS</u>	15. BIRTHPLACE (State or foreign country) <u>Thornton, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>James Price father.</u>			
18a. LENGTH OF PREGNANCY <u>36 WEEKS</u>	18b. WEIGHT AT BIRTH <u>2 LBS. 10 OZS.</u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>March - 1956.</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Unknown</u>	
		20b. MATERNAL CAUSES <u>Unknown</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>LeGrand Clawson M.D.</u>	
23b. DATE SIGNED <u>5-11-56</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>May 9-1956.</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Catch Clawson -</u>	25d. LOCATION (City, town, or county) (State) <u>Tetonia.</u>
DATE REC'D BY LOCAL REG. <u>May 16 - 56</u>		26. FUNERAL DIRECTOR ADDRESS <u>Helen Gigg.</u>	



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MAY 25 1956

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

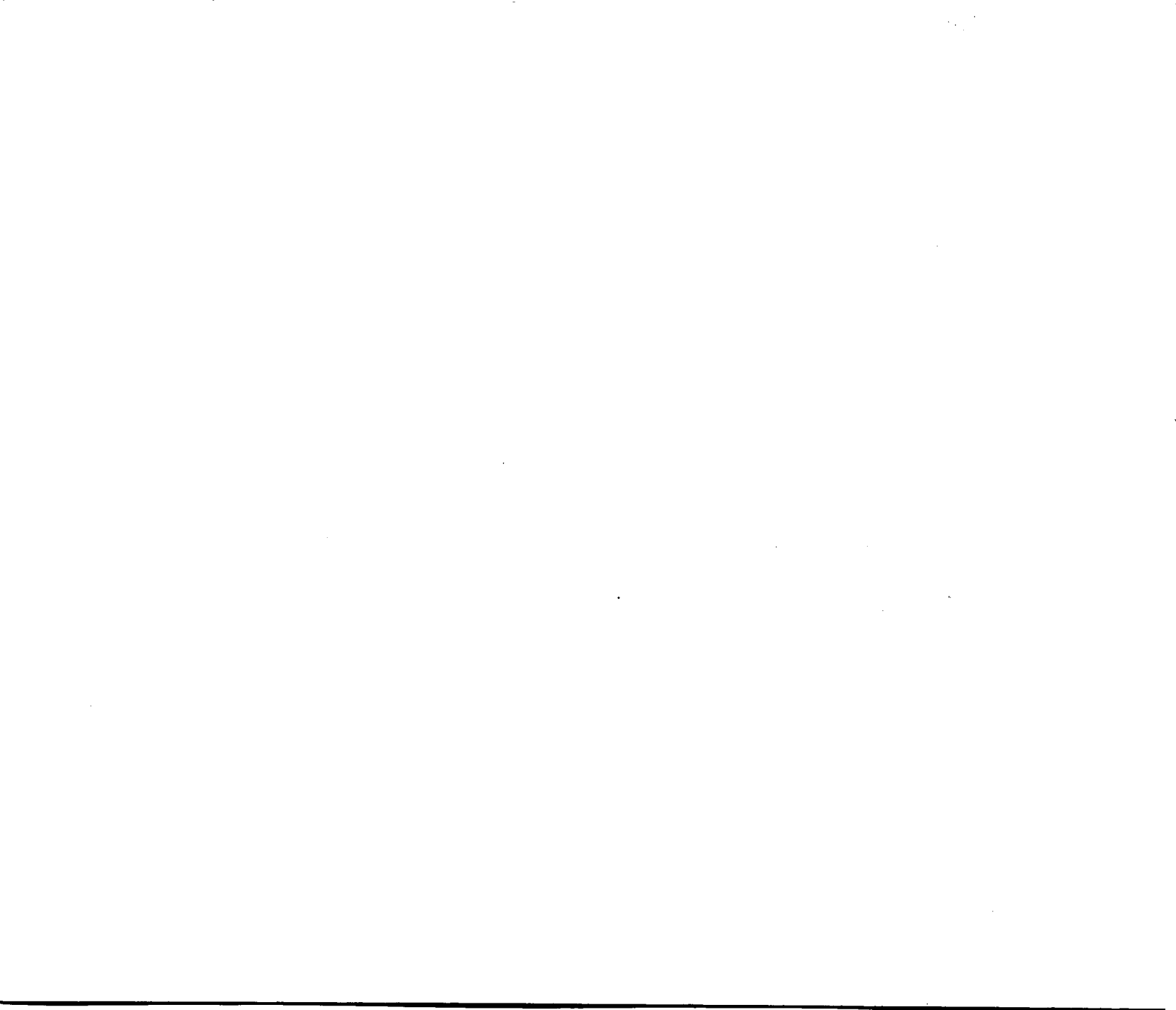
State of Idaho

State File No. 077

Local Reg. No. 130

Reg. Dist. No. 460

1. PLACE OF STILLBIRTH a. COUNTY <b>Twin Falls</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Twin Falls</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Twin Falls</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Twin Falls</b>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Magic Valley Memorial Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1860 Kimberly Road</b>	
3. CHILD'S NAME (Type or Print) <b>Baby Girl Romine</b>			
4. SEX <b>Female</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <b>May 8, 1956</b>
7. FATHER'S NAME a. (First) <b>James</b>		b. (Middle) <b>Lewis</b>	c. (Last) <b>Romine</b>
9. AGE (At time of this birth) <b>39</b> YEARS		10. BIRTHPLACE (State or foreign country) <b>Alabama</b>	11a. USUAL OCCUPATION <b>Construction Worker</b>
		11b. KIND OF BUSINESS OR INDUSTRY	8. COLOR OR RACE <b>White</b>
12. MOTHER'S MAIDEN NAME <b>Juanita</b>		b. (Middle) <b>C.</b>	c. (Last) <b>Wheeler</b>
14. AGE (At time of this birth) <b>31</b> YEARS		15. BIRTHPLACE (State or foreign country) <b>Tennessee</b>	13. COLOR OR RACE <b>White</b>
17. INFORMANT <b>Former Chart</b>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <b>3</b>	b. How many children were born alive but are now dead? <b>1</b>
		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b>	
18a. LENGTH OF PREGNANCY <b>20</b> WEEKS	18b. WEIGHT AT BIRTH <b>2</b> LBS. <b>0</b> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <b>First Trimester</b>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <b>Pre-Viable Birth</b>	
		20b. MATERNAL CAUSES <b>Premature Separation Placenta</b>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <b>Premature Separation Placenta</b>		22. STATE ALL OPERATIONS FOR DELIVERY <b>None</b>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <b>Maiglor J. Chas M.D.</b>	23b. DATE SIGNED <b>5/8/56</b>
23c. ATTENDANT'S ADDRESS <b>Twin Falls, Idaho</b>		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <b>J. Wadsworth Creed, M.D.</b>
25a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	25b. DATE <b>5-9-56</b>	25c. NAME OF CEMETERY OR CREMATORY <b>Magic Valley Memorial Hospital, Twin Falls, Idaho</b>	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <b>MAY 16 1956</b>	REGISTRAR'S SIGNATURE <b>Lenora O. Jorman</b>	26. FUNERAL DIRECTOR <b>J. Wadsworth Creed, M.D.</b>	ADDRESS <b>Pathologist, Magic Valley Mem. Hosp.</b>





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(1949 Revision of Standard Certificate)

JUN 11 1956

## CERTIFICATE OF STILLBIRTH

State of Idaho

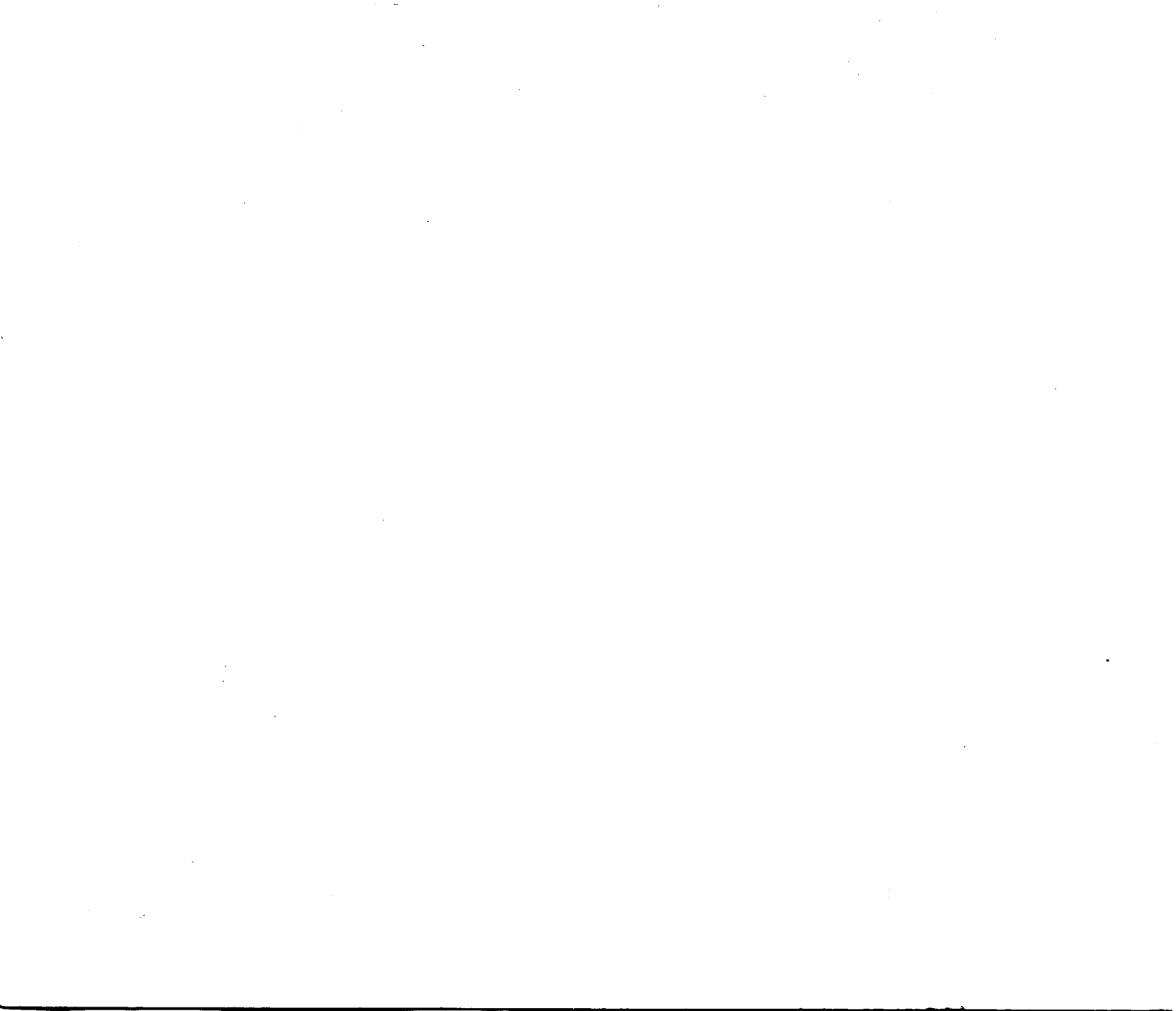
State File No. 278

Local Reg. No. 151

Reg. Dist. No. 160

## Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY <b>Twin Falls</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Twin Falls</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Twin Falls</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Twin Falls</b>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Magic Valley Memorial Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>411 Alturas Drive</b>	
3. CHILD'S NAME (Type or Print) <b>Baby Girl Snyder</b>			
4. SEX <b>Female</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <b>May 16, 1956</b>
7. FATHER'S NAME a. (First) <b>Robert</b>		b. (Middle) <b>Francis</b> c. (Last) <b>Snyder</b>	
8. COLOR OR RACE <b>White</b>			
9. AGE (At time of this birth) <b>38</b> YEARS	10. BIRTHPLACE (State or foreign country) <b>Iowa</b>	11a. USUAL OCCUPATION <b>Partner</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>Sherwood Typewriter Ex.</b>
12. MOTHER'S MAIDEN NAME a. (First) <b>Evelyn</b>		b. (Middle) <b>Gale</b> c. (Last) <b>Williams</b>	
13. COLOR OR RACE <b>White</b>			
14. AGE (At time of this birth) <b>38</b> YEARS	15. BIRTHPLACE (State or foreign country) <b>Idaho</b>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <b>2</b> b. How many children were born alive but are now dead? <b>0</b> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b>	
17. INFORMANT <b>Mrs. Evelyn Snyder</b>			
18a. LENGTH OF PREGNANCY <b>34</b> WEEKS	18b. WEIGHT AT BIRTH <b>3</b> LBS. <b>8</b> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <b>October, 1955</b>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <b>None found</b>	
		20b. MATERNAL CAUSES <b>None</b>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <b>None</b>		22. STATE ALL OPERATIONS FOR DELIVERY <b>None</b>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>11:05 P.</b> m.		23a. ATTENDANT'S SIGNATURE (Specify M. D., midwife, or other) <b>L. B. Messman</b>	
23b. DATE SIGNED <b>5-17-56</b>		23c. ATTENDANT'S ADDRESS <b>Twin Falls, Idaho</b>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <b>J. W. Woodson</b>		TITLE <b>Creed, MD</b>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	25b. DATE <b>5-18-56</b>	25c. NAME OF CEMETERY OR CREMATORY <b>Magic Valley Memorial Hospital - Twin Falls, Idaho</b>	
25d. LOCATION (City, town, or county) (State) <b>Idaho</b>	26. FUNERAL DIRECTOR <b>J. W. Woodson</b>		
DATE REC'D BY LOCAL REG. <b>JUN 4 5 1956</b>	REGISTRAR'S SIGNATURE <b>Lena O. Jansen</b>		



Springer

PHS-797 (VS)

4-48

FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE

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JUN 19 1956

(1949 Revision of Standard Certificate)

## CERTIFICATE OF STILLBIRTH

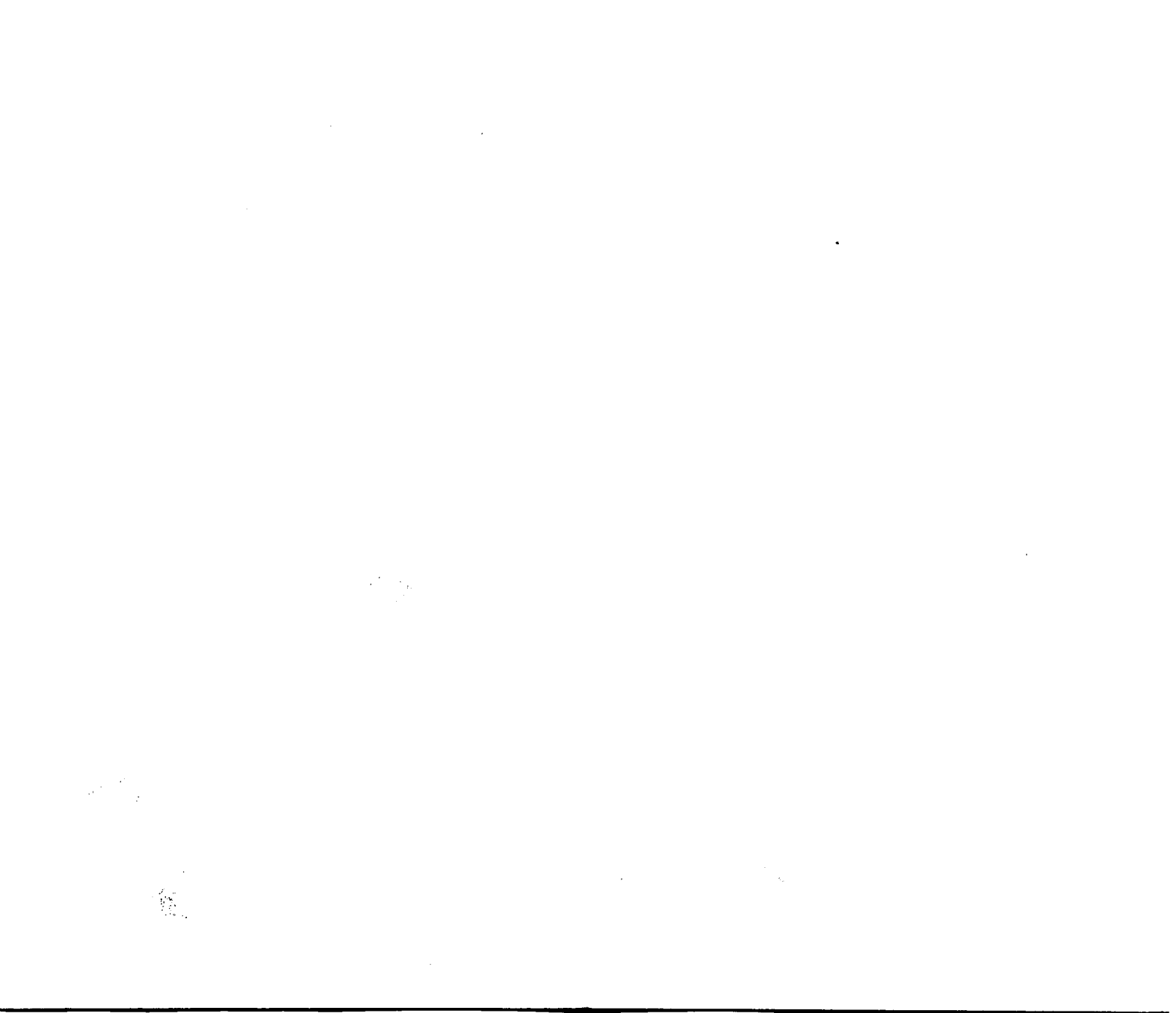
State of Idaho

State File No. 079

Local Reg. No. 20979

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <b>Ada</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Ada</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Boise</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Boise</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Alphonse</b>		d. STREET ADDRESS (If rural, give location) <b>1502 Anderson circle</b>	
3. CHILD'S NAME (Type or Print) <b>Debbie Jo Glass</b>			
4. SEX <b>Female</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <b>June 7 1956</b>
7. FATHER'S NAME a. (First) <b>David</b> b. (Middle) <b>Edward</b> c. (Last) <b>Glass</b>		8. COLOR OR RACE <b>white</b>	
9. AGE (At time of this birth) <b>19</b> YEARS	10. BIRTHPLACE (State or foreign country) <b>Garland, Wyo.</b>	11a. USUAL OCCUPATION <b>U.S. Army</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>Government</b>
12. MOTHER'S MAIDEN NAME a. (First) <b>Joane</b> b. (Middle) <b>Marie</b> c. (Last) <b>Sorich</b>		13. COLOR OR RACE <b>white</b>	
14. AGE (At time of this birth) <b>19</b> YEARS	15. BIRTHPLACE (State or foreign country) <b>Boise</b>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <b>David E. Glass</b>			
18a. LENGTH OF PREGNANCY <b>36</b> WEEKS	18b. WEIGHT AT BIRTH <b>4</b> LBS. <b>9</b> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <b>1-16-56</b>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <b>unknown</b> 20b. MATERNAL CAUSES <b>unknown</b>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <b>None - Normal labor</b>		22. STATE ALL OPERATIONS FOR DELIVERY <b>None M.D.</b>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>3:30 P.M.</b>		23a. ATTENDANT'S SIGNATURE <b>U.S. Springer M.D.</b> 23b. DATE SIGNED	
23c. ATTENDANT'S ADDRESS <b>Isabel, Idaho</b>		24. SIGNATURE OF AUTHORIZED OFFICIAL <b>Daniel H. Gibson</b> TITLE <b>Boise Idaho</b>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	25b. DATE <b>June 8 1956</b>	25c. NAME OF CEMETERY OR CREMATORY <b>St. John's</b>	25d. LOCATION (City, town, or county) (State) <b>Boise Idaho</b>
DATE REC'D BY LOCAL REG. <b>6-12-56</b>		26. FUNERAL DIRECTOR <b>Schreiber-McCann-Gibson</b>	



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JUN 19 1956

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

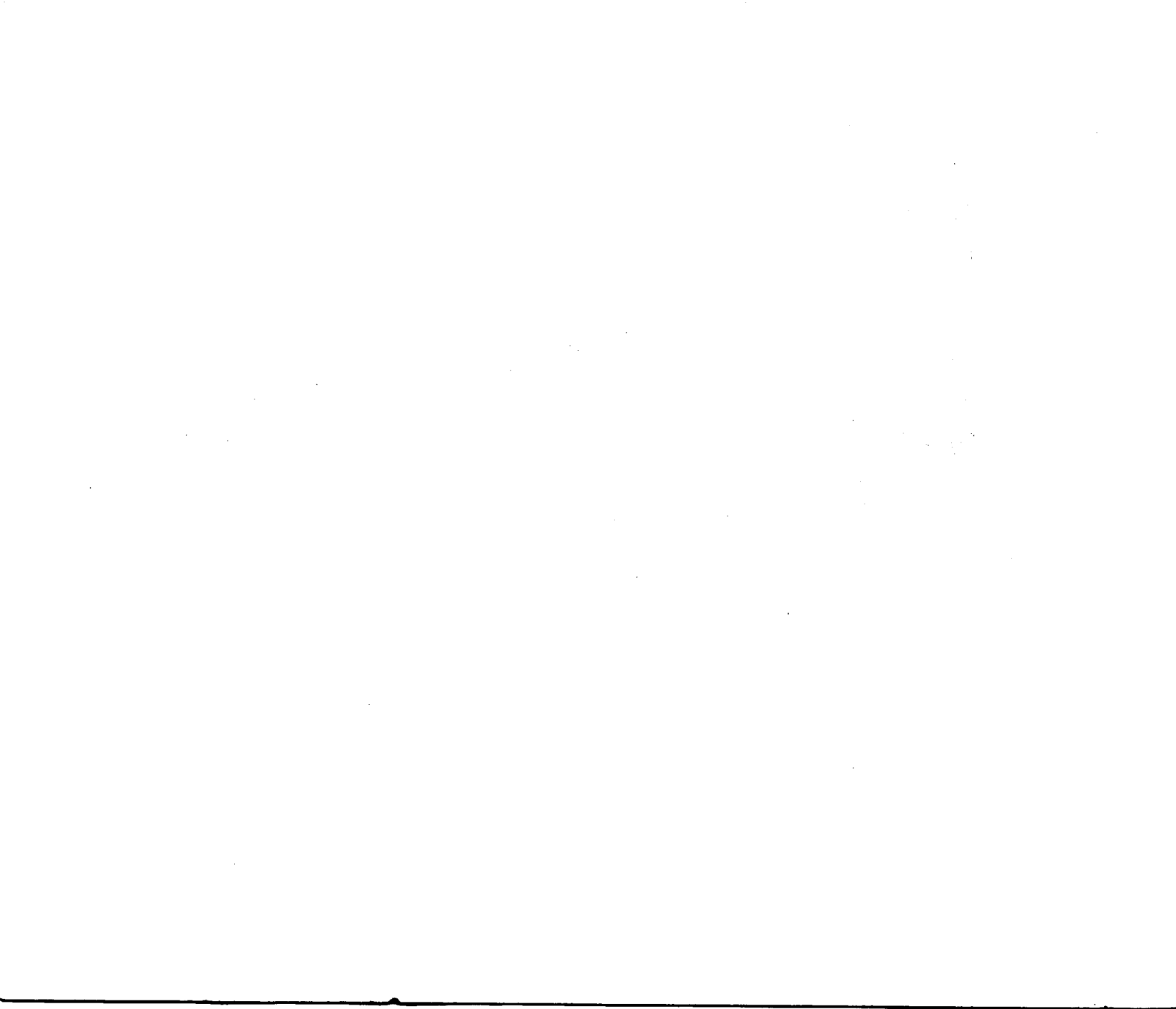
State File No. 080

Local Reg. No. 211

Reg. Dist. No. 970

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>R1 Box 262</u>	
3. CHILD'S NAME (Type or Print) <u>Baby boy Roberts</u>			
4. SEX <u>M</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>6</u> <u>11</u> <u>1956</u>
7. FATHER'S NAME a. (First) <u>Jefferson Frederick Roberts</u>		b. (Middle) <u></u> c. (Last) <u></u>	
8. COLOR OR RACE <u>W</u>			
9. AGE (At time of this birth) <u>41</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Canada</u>	11a. USUAL OCCUPATION <u>Electrician</u>	11b. KIND OF BUSINESS OR INDUSTRY <u></u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Fay</u> b. (Middle) <u>Melesse</u> c. (Last) <u>Glazier</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>36</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Canada</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u></u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>Fay Melesse Glazier Roberts</u>			
18a. LENGTH OF PREGNANCY WEEKS <u>7</u>	18b. WEIGHT AT BIRTH LBS. <u>4</u> OZS. <u></u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Dec 1955</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Trichinosis Ischemia</u>	
		20b. MATERNAL CAUSES <u>Rh. Incompatibility and Anoxia</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Vaginal</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>[Signature]</u>	
		23b. DATE SIGNED <u>6-12-56</u>	
23c. ATTENDANT'S ADDRESS <u>Boise Ida</u>		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u></u>	25b. DATE <u>6-13-56</u>	25c. NAME OF CEMETERY OR CREMATORY <u>St Lukes Hospital</u>	25d. LOCATION (City, town, or county) (State) <u>Boise Idaho</u>
DATE REC'D BY LOCAL REG. <u>6-13-56</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	26. FUNERAL DIRECTOR ADDRESS <u>St Lukes Hospital Helen B. Lee Adams</u>	



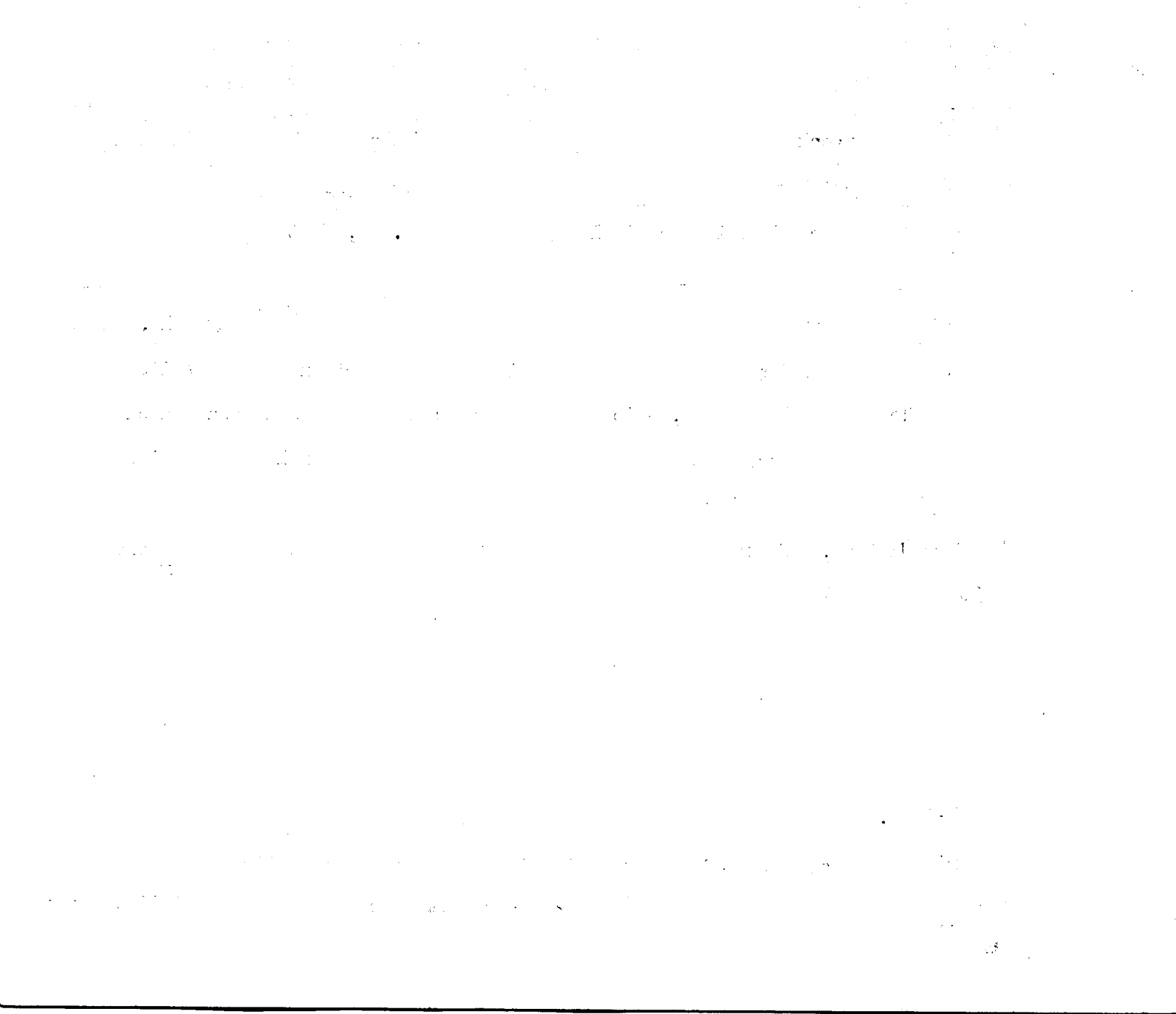
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5-1956

(1949 Revision of Standard Certificate)  
**CERTIFICATE OF STILLBIRTH**  
State of Idaho

State File No. 081  
Local Reg. No. 3  
Reg. Dist. No. 311

1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bannock Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. #2, North</u>	
3. CHILD'S NAME (Type or Print) <u>PEARL HARTMAN</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 12, 1956</u>
7. FATHER'S NAME a. (First) <u>LeRoy</u> b. (Middle) <u>Dubois</u> c. (Last) <u>Hartman</u>	8. COLOR OR RACE <u>White</u>		
9. AGE (At time of this birth) <u>40</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>New London, Ohio</u>	11a. USUAL OCCUPATION <u>Ranch hand</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Shiozawa Ranch</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Anna</u> b. (Middle) <u>Mae</u> c. (Last) <u>Carrol</u>	13. COLOR OR RACE <u>White</u>		
14. AGE (At time of this birth) <u>34</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Kentucky</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>Four</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>LeRoy Hartman, Father</u>			
18a. LENGTH OF PREGNANCY <u>36</u> WEEKS	18b. WEIGHT AT BIRTH <u>?</u> LBS. <u>?</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <u>X</u> No <u>      </u> <u>Approximate date</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>None</u>		
	20b. MATERNAL CAUSES <u>Chronic Tubo-ovarian Disease</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>labor obstructed by placenta</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Cesarean Section</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>4:20 P.m.</u>	23a. ATTENDANT'S SIGNATURE <u>H. L. Olsen, M.D.</u>		23b. DATE SIGNED <u>5-24-56</u>
	23c. ATTENDANT'S ADDRESS <u>      </u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Jack Henderson</u> TITLE <u>      </u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>May 14, 1956</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Mountain View Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Pocatello Idaho</u>
DATE REC'D BY LOCAL REG. <u>May 1 1956</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smart</u>	26. FUNERAL DIRECTOR <u>Jack Henderson</u>	ADDRESS <u>Pocatello, Idaho</u>





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(1949 Revision of Standard Certificate)

**CERTIFICATE OF STILLBIRTH**

State of Idaho

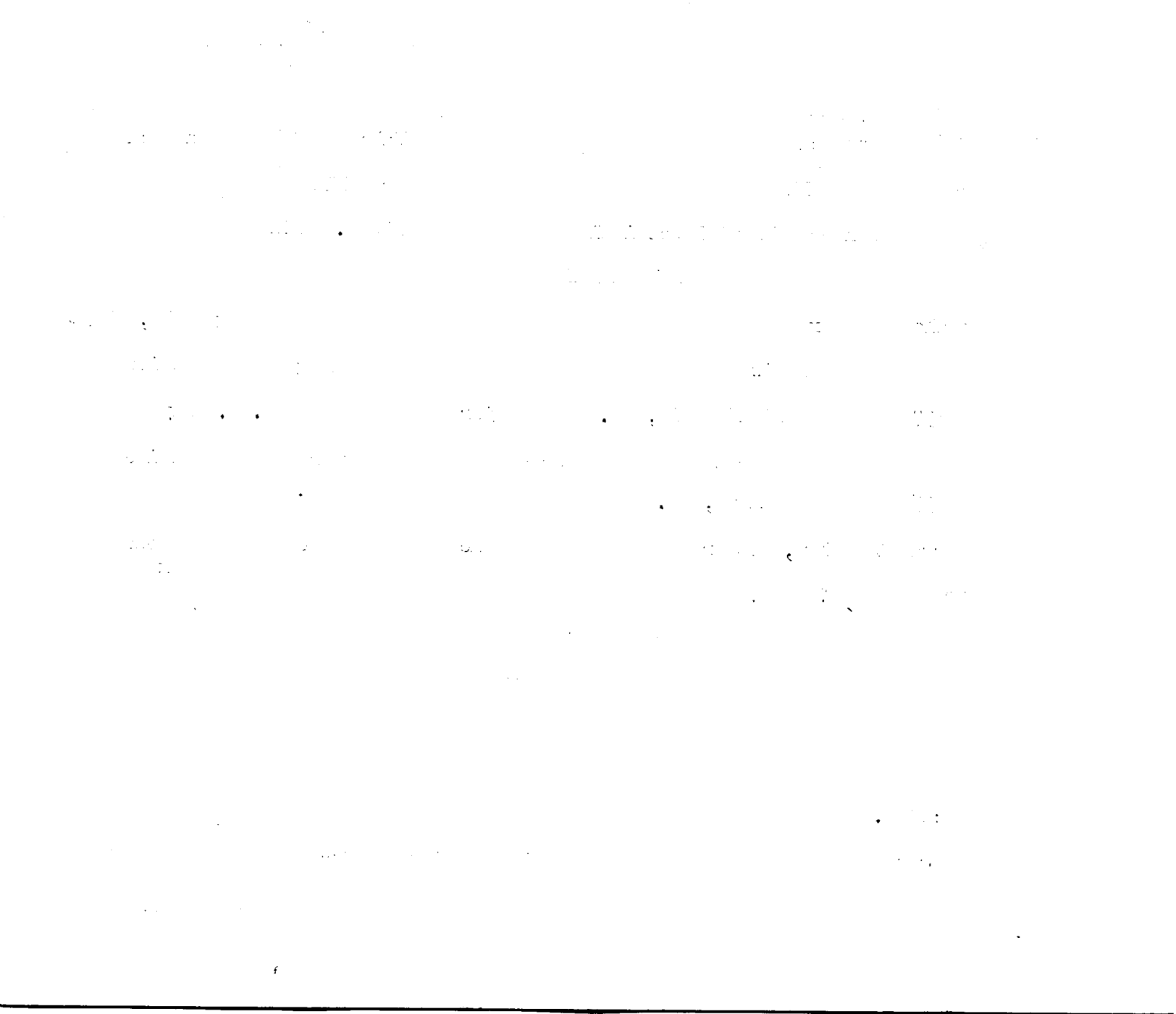
State File No. 082

Local Reg. No. 4

Reg. Dist. No. 570

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u>	
b. CITY OR TOWN <u>Pocatello</u>		c. CITY OR TOWN <u>Pocatello</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bannock Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1106 E. Maple</u>	
3. CHILD'S NAME (Type or Print) <u>BABY TALLEY</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 17, 1956</u>
7. FATHER'S NAME a. (First) <u>Louis</u> b. (Middle) <u>Talley</u> c. (Last) <u>White</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>37</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Philadelphia, Pa.</u>	11a. USUAL OCCUPATION <u>Major</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>U. S. Army</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Margaret</u> b. (Middle) <u>Rose</u> c. (Last) <u>Dwyer</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>35</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Tamaqua, Pa.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>One</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Margaret Talley, Mother</u>			
18a. LENGTH OF PREGNANCY <u>30</u> WEEKS	18b. WEIGHT AT BIRTH <u>? LBS. ? OZS.</u>	19. Was a standard serological test for syphilis performed? Yes <u>X</u> No <u>      </u> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Encephalopathy</u>	
		20b. MATERNAL CAUSES <u>Polyhydramnios</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Acute Polyhydramnios</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Cesarean Section</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>6:20 P.m.</u>		23a. ATTENDANT'S SIGNATURE <u>D. L. Thigpen, M.D.</u>	23b. DATE SIGNED <u>5-31-56</u>
23c. ATTENDANT'S ADDRESS <u>1448 E. Center</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Geraldine Smart</u>	TITLE <u>Registrar</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>May 18, 1956</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Mountain View Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Pocatello Idaho</u>
DATE REC'D BY LOCAL REG. <u>JUN 1 4 1956</u>	REGISTERAR'S SIGNATURE <u>Geraldine Smart</u>	26. FUNERAL DIRECTOR <u>Geraldine Smart</u>	ADDRESS <u>Pocatello, Idaho</u>



**RECEIVED**  
JUL 19 1956  
Division of Vital Statistics

(1949 Revision of Standard Certificate)

**CERTIFICATE OF STILLBIRTH**

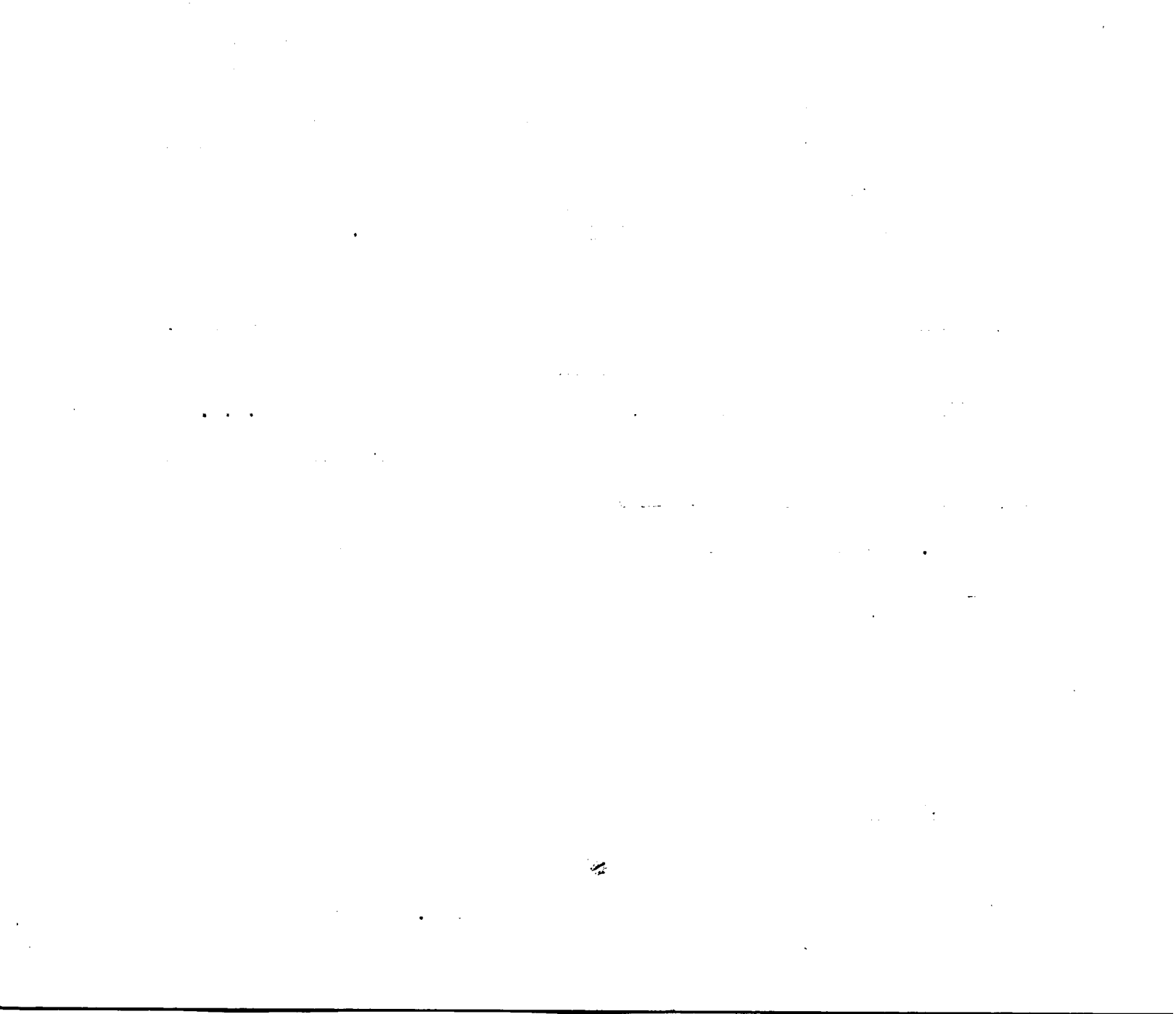
State of Idaho

State File No. 083

Local Reg. No. 5

Reg. Dist. No. 510

1. PLACE OF STILLBIRTH a. COUNTY <b>Bannock</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Bannock</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Pocatello</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Pocatello</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bannock Memorial Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>331 So. Garfield</b>	
3. CHILD'S NAME (Type or Print) <b>BABY GIRL RASMUSSEN</b>			
4. SEX <b>Female</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <b>June 12, 1956</b>
7. FATHER'S NAME a. (First) <b>Robert</b> b. (Middle) <b>Alden</b> c. (Last) <b>Rasmusson</b>		8. COLOR OR RACE <b>White</b>	
9. AGE (At time of this birth) <b>31</b> YEARS	10. BIRTHPLACE (State or foreign country) <b>Salt Lake City, Utah</b>	11a. USUAL OCCUPATION <b>Salesman</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>I.B.M.</b>
12. MOTHER'S MAIDEN NAME a. (First) <b>Merline</b> b. (Middle) <b>Harrison</b> c. (Last) <b>Harrison</b>		13. COLOR OR RACE <b>White</b>	
14. AGE (At time of this birth) <b>31</b> YEARS	15. BIRTHPLACE (State or foreign country) <b>Pocatello, Idaho</b>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <b>Five</b> b. How many children were born alive but are now dead? <b>None</b> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>None</b>	
17. INFORMANT <b>Mrs. Merline Rasmusson-mother</b>			
18a. LENGTH OF PREGNANCY <b>28-30</b> WEEKS	18b. WEIGHT AT BIRTH <b>2</b> LBS. <b>11 1/2</b> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <b>None.</b>		
	20b. MATERNAL CAUSES <b>premature labor.</b>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <b>Transverse Presentation fetus.</b>		22. STATE ALL OPERATIONS FOR DELIVERY <b>None.</b>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>9:40 a.m.</b>		23a. ATTENDANT'S SIGNATURE <b>H. L. Olsen, M.D.</b> (Specify if M. D., midwife, or other)	23b. DATE SIGNED <b>6-26-56.</b>
23c. ATTENDANT'S ADDRESS <b>Pocatello, Idaho</b>		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <b>Paul R. Weiser</b> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	25b. DATE <b>6/12/56</b>	25c. NAME OF CEMETERY OR CREMATORY <b>Mountain View</b>	25d. LOCATION (City, town, or county) (State) <b>Pocatello, Idaho</b>
DATE REC'D BY LOCAL REG. <b>JUL 13 1956</b>	REGISTRAR'S SIGNATURE <b>Geraldine Smart</b>	26. FUNERAL DIRECTOR <b>Paul R. Weiser</b> ADDRESS <b>Pocatello, Idaho</b>	



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4-48

FEDERAL SECURITY SERVICE  
PUBLIC HEALTH SERVICE

Division of Vital Statistics

(1949 Revision of Standard Certificate)

JUN 18 1956

## CERTIFICATE OF STILLBIRTH

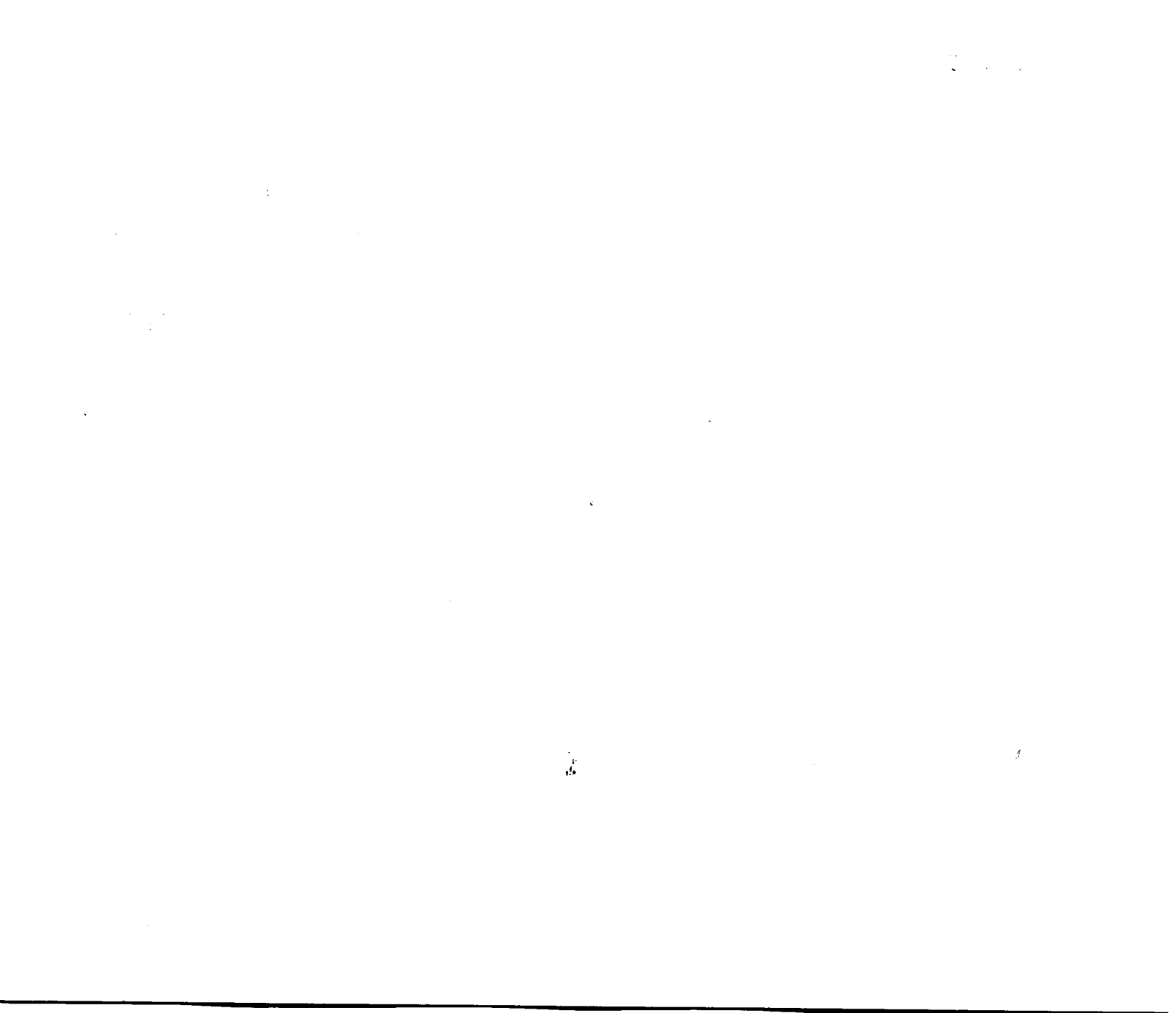
State of Idaho

State File No. 084

Local Reg. No. 194

Reg. Dist. No. 6-2-2

1. PLACE OF STILLBIRTH a. COUNTY <u>Bingham</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bingham</u>		
b. CITY OR TOWN <u>Blackfoot</u> (If outside corporate limits, write RURAL and give township)			c. CITY OR TOWN <u>Blackfoot,</u> (If outside corporate limits, write RURAL and give township)		
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bingham Memorial Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>Rt. 3 (West Center St.)</u>		
3. CHILD'S NAME (Type or Print) <u>TRUDY MAE WADDOUPS</u>					
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>June 11, 1956</u>		
7. FATHER'S NAME a. (First) <u>LETHO</u> b. (Middle) <u>ESTLE</u> c. (Last) <u>WADDOUPS</u>		8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) <u>30</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Dayton, Idaho</u>	11a. USUAL OCCUPATION <u>Mill Foreman</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Charter Seed Co.</u>		
12. MOTHER'S MAIDEN NAME a. (First) <u>FREDA</u> b. (Middle) <u>MAE</u> c. (Last) <u>HENNEFER</u>		13. COLOR OR RACE <u>White</u>			
14. AGE (At time of this birth) <u>30</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Blackfoot, Idaho.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>Two</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>			
17. INFORMANT <u>Letho E. Waddoups Father.</u>					
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <u>X</u> No <u>  </u> Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES			
		20b. MATERNAL CAUSES <u>Rupture of uterus</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Rupture of uterus</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>Cesarean Section</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>11:40 P.</u> m.			23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>John C. Sandberg M.D.</u>		23b. DATE SIGNED <u>6/12/56</u>
			23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>June 13-1956</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Pioneer - Thacker Blackfoot - Bingham, Idaho</u>	25d. LOCATION (City, town, or county) (State) <u>Blackfoot, Idaho</u>		
DATE REC'D BY LOCAL REG. <u>June 13-1956</u>	REGISTRAR'S SIGNATURE <u>Malcolm E. Rennie</u>	26. FUNERAL DIRECTOR <u>John C. Sandberg</u>			



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4-48  
FEDERAL BUREAU OF INVESTIGATION  
PUBLIC HEALTH SERVICE

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JUN 12 1956

Division of Vital Statistics

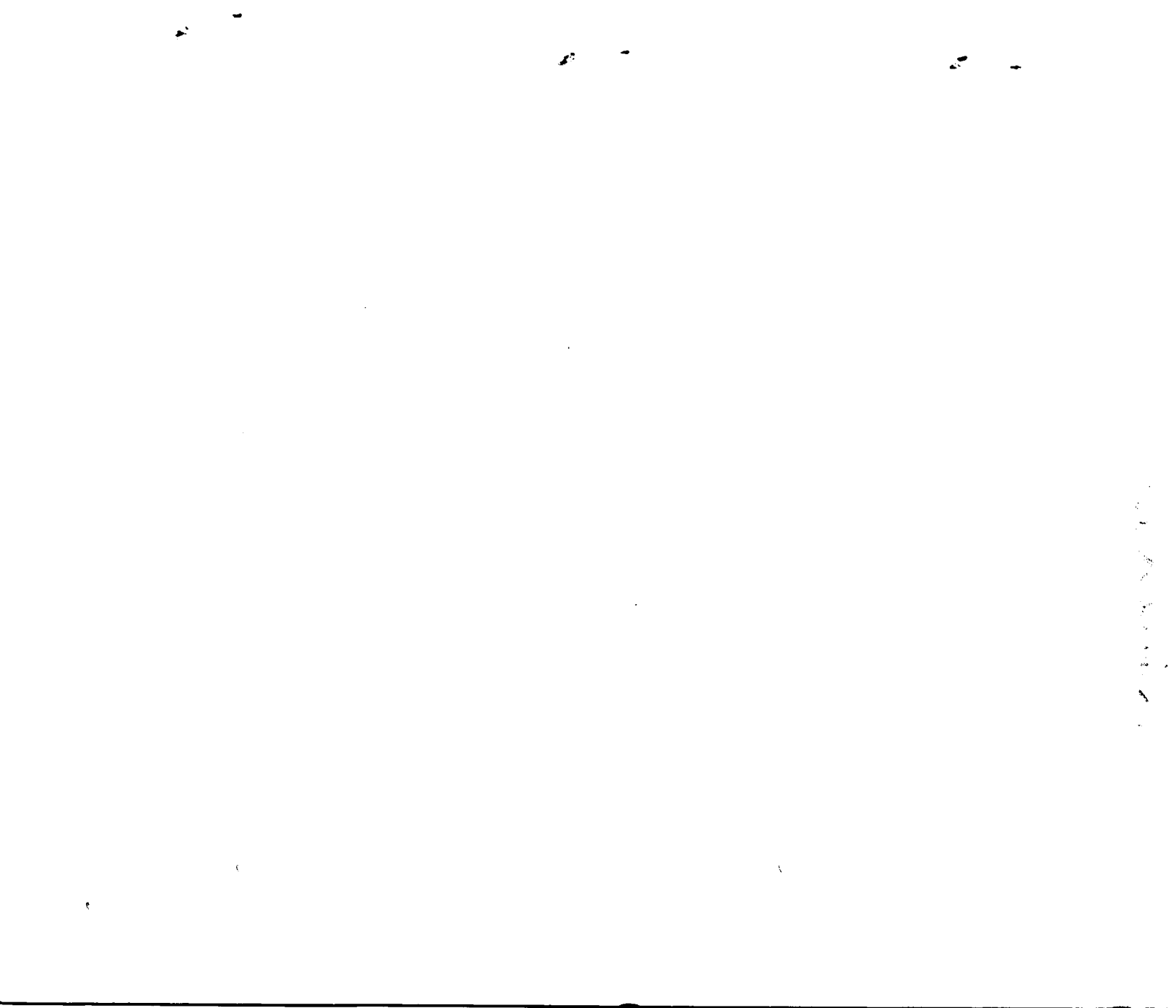
(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 085  
Local Reg. No. 122  
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY <b>Bonneville</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Butte</b>	
b. CITY OR TOWN <b>Idaho Falls</b>		c. CITY OR TOWN <b>Arco</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sacred Heart Hospital</b>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <b>Infant Browning</b>			
4. SEX <b>Male</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <b>June 2 1956</b>
7. FATHER'S NAME a. (First) <b>Keith</b> b. (Middle) <b>Matson</b> c. (Last) <b>Browning</b>		8. COLOR OR RACE <b>White</b>	
9. AGE (At time of this birth) <b>32</b> YEARS	10. BIRTHPLACE (State or foreign country) <b>Payette, Idaho</b>	11a. USUAL OCCUPATION <b>Dealer</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>Automobile</b>
12. MOTHER'S MAIDEN NAME a. (First) <b>Marie</b> b. (Middle) <b>Joan</b> c. (Last) <b>Hemovich</b>		13. COLOR OR RACE <b>White</b>	
14. AGE (At time of this birth) <b>28</b> YEARS	15. BIRTHPLACE (State or foreign country) <b>Idaho</b>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <b>Three (3)</b> b. How many children were born alive but are now dead? <b>None (0)</b> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <b>Keith M Browning</b> <b>Arco, Idaho</b>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... <b>Approximate date</b>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <b>Stillborn - multiple placental infarcts.</b>	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <b>J. D. Davis M.D.</b>	
		23b. DATE SIGNED <b>6-5-56</b>	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL <b>Clarence E. Buck</b>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		25b. DATE <b>June 2, 1956</b>	25c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill Cemetery</b>
		25d. LOCATION (City, town, or county) <b>Idaho Falls,</b>	(State) <b>Idaho</b>
DATE REC'D BY LOCAL REG. <b>June 1-1956</b>		REGISTRAR'S SIGNATURE <b>Clarence E. Buck</b>	26. GENERAL DIRECTOR <b>Clarence E. Buck</b> ADDRESS <b>Idaho Falls, Idaho</b>





# DISINTERMENT PERMIT

IDAHO STATE BOARD OF HEALTH

BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Infant Browning  
now lying buried in Rose Hill Cemetery, in the City or Town of Idaho Falls  
County of Bonneville State of Idaho, who died on the 2nd day of June, 1956 Aged \_\_\_\_\_ years \_\_\_\_\_ months  
\_\_\_\_\_ days, the cause of death being Stillborn and  
not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever  
or yellow fever as shown by the certificate of death of said deceased, given by

Dr. J. D. Davis attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private  
private or railway conveyance  
to Hillcrest Cemetery in the City or Town of Arco County of Butte  
State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of

Bonneville it being understood and provided that nothing herein shall be deemed as contravening or in  
anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses  
or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be  
governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another  
part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The  
disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If  
the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new  
metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

Permit issued to:

this 14th day of July, A.D. 1971.

**Marvel Memorial Chapel**  
**P. O. Box 3**  
**Arco, Idaho 83213**

**W. H. Benson**

by Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City,  
Town or County of \_\_\_\_\_ State of Idaho, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Health Officer

TITLE 39, CHAPTER 2, VOL. 7 OF THE IDAHO CODE

\*Sec. 39-211. No body shall be disinterred within the State of Idaho except upon a permit granted by the State Board of Health. The forms of disinterment permits shall be prepared by the State Board of Health. Disinterment and removal must be done under the personal supervision of a licensed embalmer, and must be done at an hour when there is the least possible exposure. Only such persons as are actually necessary shall be present. The coffin shall not be opened either at place of disinterment or place of destination, except special permit be issued by the State Board of Health. And in case of disinterment of bodies dead by reason of contagious and infectious diseases, as shown by the certificate of death given by the attending physician, the sexton and all other persons engaged in such removal or being present shall immediately thereafter change their clothing and properly disinfect their hands, head and face, provided, that such disinterment may also be governed by rules and regulations promulgated by the State Board of Health and a synopsis of the same shall be printed on the back of every permit: provided, also, that in case of any contagious and infectious disease where remains are to be shipped to points in other states, permission must first be obtained from the Secretary of State Board of Health of such State. The State Board of Health may also issue a special disinterment permit for legal purposes. This permit for legal purposes shall be granted only upon application of a prosecuting attorney or the Attorney General of this State, stating therein such facts which make it evident to the State Board of Health that the ends of justice require that disinterment be permitted. Such special disinterment for legal purposes shall be governed by rules and regulations promulgated by the State Board of Health and a synopsis of the same shall be printed on the back of every such special disinterment permit for legal purposes.\*

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(1949 Revision of Standard Certificate)

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FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE

JUN 18 1956

Division of Vital Statistics

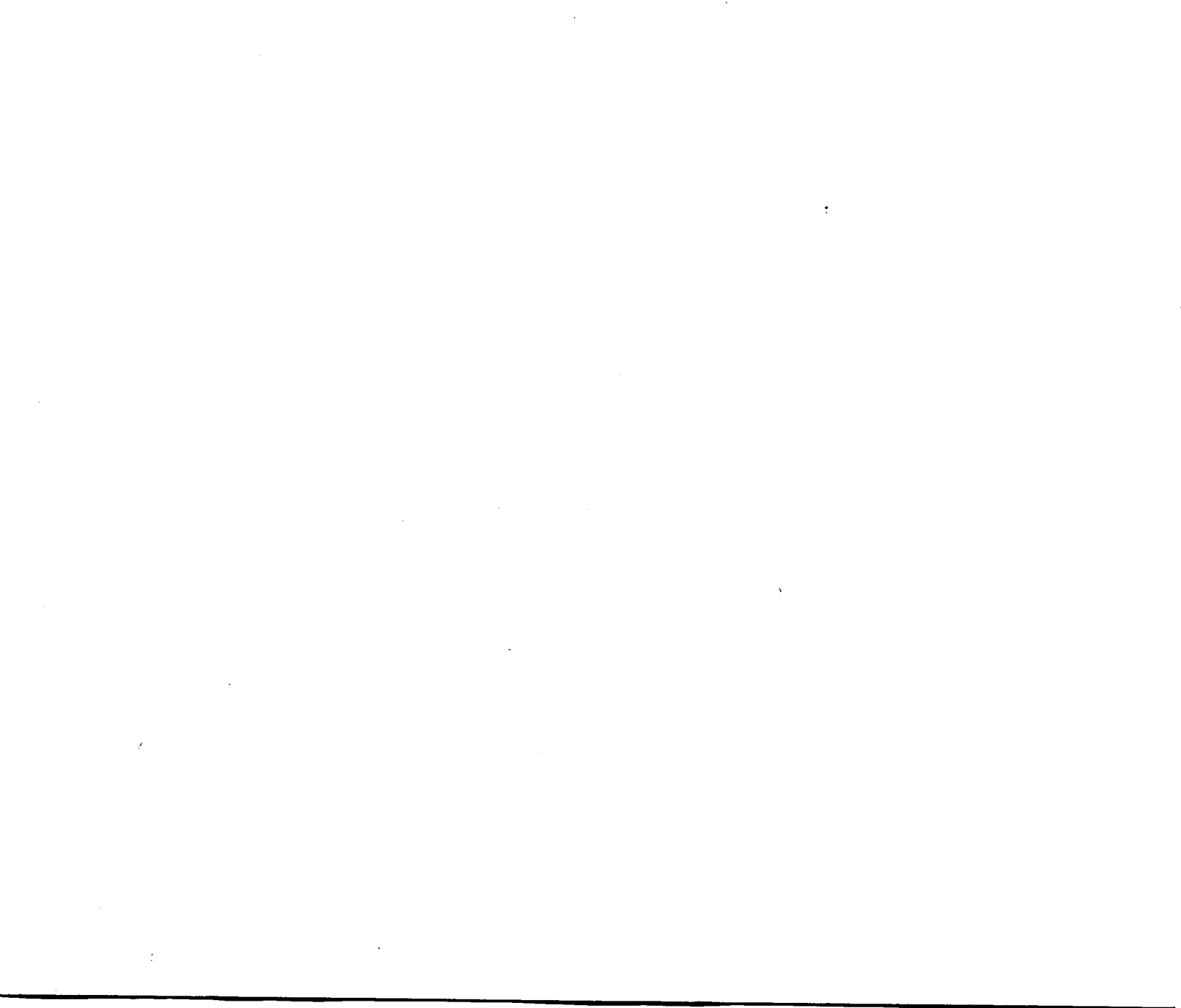
State of Idaho

State File No. 086

Local Reg. No. 24-56

Reg. Dist. No. 100

1. PLACE OF STILLBIRTH a. COUNTY <u>Boundary</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Boundary</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonniers Ferry</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonniers Ferry</u>	
c. FULL NAME OF (If not in hospital or institution, give street address and phone) HOSPITAL OR INSTITUTION <u>Community</u>		d. STREET ADDRESS (If rural, give location) <u>-</u>	
3. CHILD'S NAME (Type or Print) <u>GEOFFREY WALLACE FORCE</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>June 1, 1956</u>
7. FATHER'S NAME a. (First) <u>Ernest</u> b. (Middle) <u>Wallace</u> c. (Last) <u>Forge</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>31</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Winchester, Idaho</u>	11a. USUAL OCCUPATION <u>School Teacher</u> 11b. KIND OF BUSINESS OR INDUSTRY	
12. MOTHER'S MAIDEN NAME a. (First) <u>Jean</u> b. (Middle) <u>Helen</u> c. (Last) <u>Kincaid</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>29</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Cottonwood, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Mrs Ernest Forge (mother)</u>			
18a. LENGTH OF PREG- NANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>8</u> LBS. <u>2 1/2</u> OZS.	Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Nov 1956</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Compression of cord</u>		20a. FETAL CAUSES <u>Compression of cord</u>	
20b. MATERNAL CAUSES <u>-</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Compression of cord</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Episiotomy</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) <u>Everett R. Ellis, M.D.</u>	
23c. ATTENDANT'S ADDRESS		23b. DATE SIGNED <u>June 4, 1956</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		25b. DATE <u>6/4/56</u>	
25c. NAME OF CEMETERY OR CREMATORY <u>Grangeville</u>		25d. LOCATION (City, town, or county) (State) <u>Grangeville Idaho</u>	
DATE REC'D BY LOCAL REG.		26. FUNERAL DIRECTOR <u>E. H. Whitney</u>	
REGISTRAR'S SIGNATURE		ADDRESS <u>Bonniers Ferry</u>	



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FEDERAL BUREAU OF INVESTIGATION  
PUBLIC HEALTH SERVICE

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JUN 25 1956

(1949 Revision of Standard Certificate)  
CERTIFICATE OF STILLBIRTH  
State of Idaho

State File No. 087  
Local Reg. No. 33  
Reg. Dist. No. 240

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY <u>Idaho</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grangeville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kamiah</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>General Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Box 386</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Boy Wayne</u>			
4. SEX <u>MALE</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>June 21, 1956</u>
7. FATHER'S NAME a. (First) <u>George</u> b. (Middle) <u>Charles</u> c. (Last) <u>Wayne</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (At time of this birth) <u>24</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11a. USUAL OCCUPATION <u>Minister</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Professional</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>MARY</u> b. (Middle) <u>Lucille</u> c. (Last) <u>White</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>28</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Lucille Wayne</u>			
18a. LENGTH OF PREGNANCY <u>20</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No <input checked="" type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>unknown</u> 20b. MATERNAL CAUSES <u>unknown</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>230 A.M.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>William H Cone M.D.</u> 23b. DATE SIGNED <u>14 June 56</u>	
23b. ATTENDANT'S ADDRESS <u>Grangeville, Ida</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT attended by physician TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	25b. DATE <u>6-8-56</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Pathologist - Dr. D. H. Meekley</u>	25d. LOCATION (City, town, or county) (State) <u>Lewiston, Idaho</u>
DATE REC'D BY LOCAL REG <u>June 20, 1956</u>		26. FUNERAL DIRECTOR ADDRESS <u>General Hospital Grangeville, Idaho</u>	

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

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**RECEIVED**

(1949 Revision of Standard Certificate)

**CERTIFICATE OF STILLBIRTH**

State of Idaho

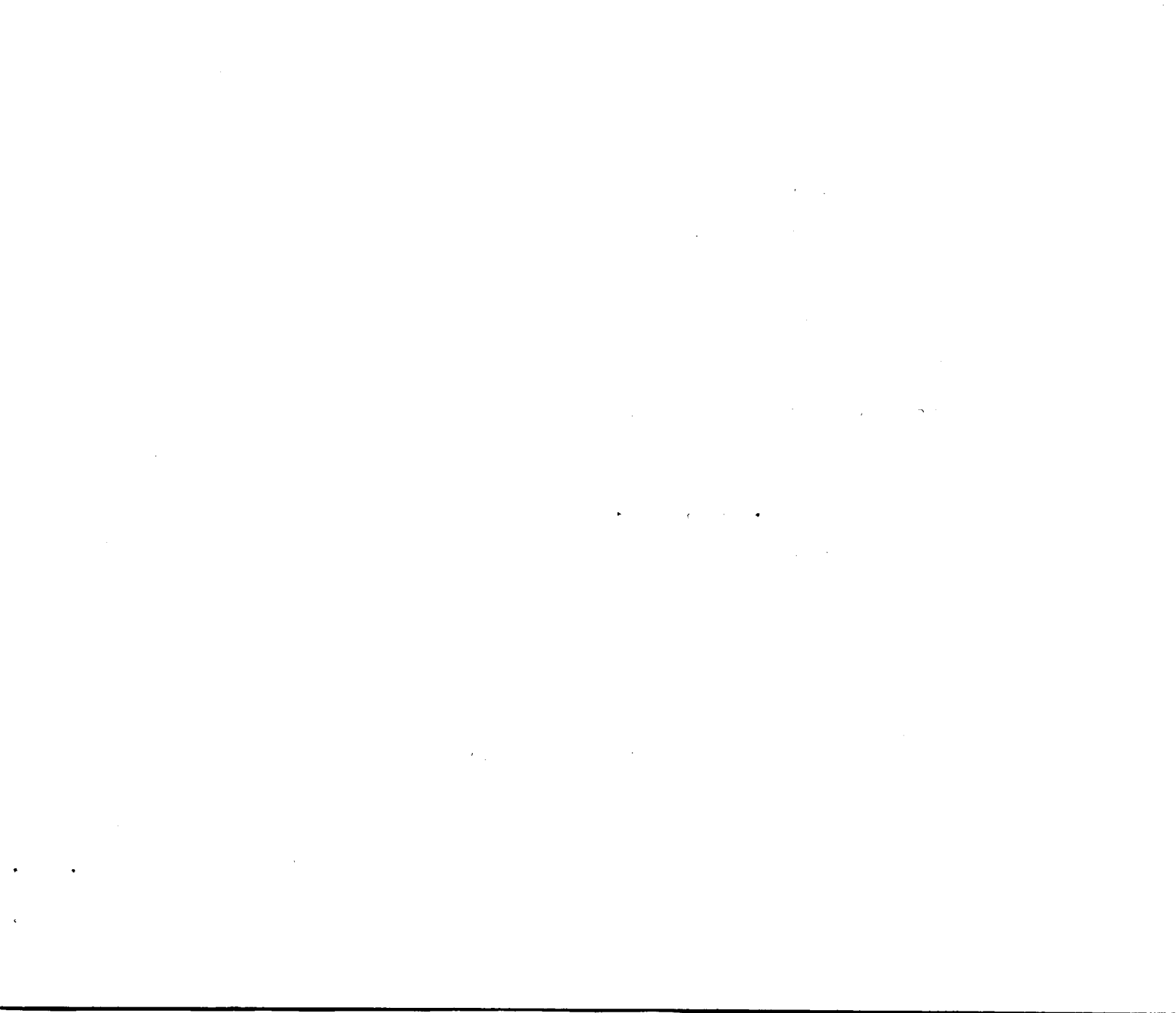
State File No. 088

Local Reg. No. 2

Reg. Dist. No. 120

JUN 18 1956

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <u>Kootenai</u>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Kootenai</u>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Coeur d'Alene</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Hayden Lake</u>   |  |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR<br>INSTITUTION <u>Lake City General Hospital</u> |   | d. STREET ADDRESS (If rural, give location)   |  |
| 3. CHILD'S NAME<br>(Type or Print)<br><u>Baby Boy Larson</u>   |   |   |  |
| 4. SEX<br><u>Male</u>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>6/1/56</u>                              |
| 7. FATHER'S NAME<br>a. (First) <u>Clarence Larson</u>  |   | b. (Middle) c. (Last)   |  |
| 9. AGE (At time of this birth)<br><u>122</u> YEARS   |   | 10. BIRTHPLACE (State or foreign country)<br><u>Henderson, Montana</u>  |  |
| 11. USUAL OCCUPATION<br><u>Equipment operator</u>  |   | 11b. KIND OF BUSINESS OR INDUSTRY<br><u>State Highway</u>   |  |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Virginia Conn</u>  |   | b. (Middle) c. (Last)   |  |
| 13. COLOR OR RACE<br><u>White</u>  |   | 14. AGE (At time of this birth)<br><u>366</u> YEARS   |  |
| 15. BIRTHPLACE (State or foreign country)<br><u>St. John, Wash.</u>  |   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>2</u><br>b. How many children were born alive but are now dead? <u>0</u><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u> |  |
| 17. INFORMANT<br><u>Clarence Larson</u>  |   |   |  |
| 18a. LENGTH OF PREGNANCY<br>WEEKS  | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | 19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/><br>Approximate date <u>1/24/56</u>  |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)           |   | 20a. FETAL CAUSES<br><u>—</u>   |  |
|  |   | 20b. MATERNAL CAUSES<br><u>Premature labor; Possible Rh incompatibility</u>   |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><u>Cystitis</u>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><u>None</u>  |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.                                      |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><u>Wendell Brown, M.D.</u>  |  |
| 23b. DATE SIGNED<br><u>5 June 56</u>   |   | 23c. ATTENDANT'S ADDRESS<br><u>Hayden Lake, Idaho</u>   |  |
| 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>Yates-Morse</u>   |   | TITLE<br><u>Funeral Director</u>  |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 25b. DATE<br><u>6/6/56</u>  | 25c. NAME OF CEMETERY OR CREMATORY<br><u>Forest</u>   | 25d. LOCATION (City, town, or county) (State)<br><u>Coeur d'Alene, Kootenai Co. Ida.</u> |
| DATE REC'D BY LOCAL REG.<br><u>June 9, 1956</u>  |   | REGISTRAR'S SIGNATURE<br><u>Lorraine K. Brush</u>   |  |
| 26. FUNERAL DIRECTOR<br><u>Yates-Morse Funeral Home</u>  |   | ADDRESS<br><u>Coeur d'Alene, Ida.</u>   |  |





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**JUN 11 1956**

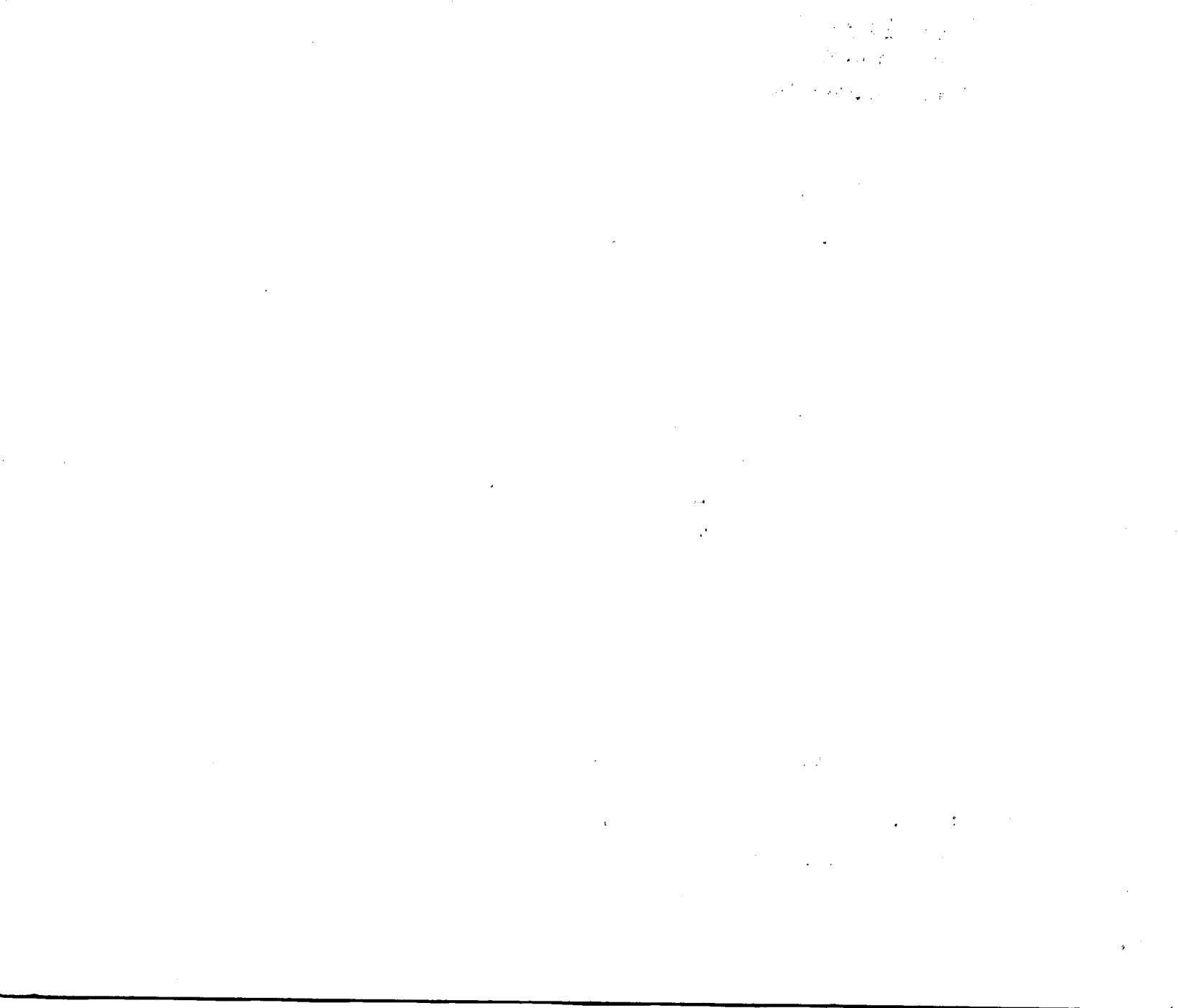
(1949 Revision of Standard Certificate)  
**CERTIFICATE OF STILLBIRTH**  
State of Idaho

State File No. 189  
Local Reg. No. 113  
Reg. Dist. No. 220

Division of Vital Statistics

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <b>Nez Perce</b>   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>Idaho</b> b. COUNTY <b>Nez Perce</b>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Lewiston, :</b>                                      |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Lapwai</b>   |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's</b>  |   | d. STREET ADDRESS (If rural, give location)  |  |
| 3. CHILD'S NAME<br>(Type or Print) <b>SIMON LOTT</b>   |   |  |  |
| 4. SEX<br><b>Male</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>June 5, 1956</b>  |
| 7. FATHER'S NAME<br>a. (First) <b>Hobart</b> b. (Middle) c. (Last) <b>Keith</b>  |   | 8. COLOR OR RACE <b>Indian</b>   |  |
| 9. AGE (At time of this birth) <b>not known</b> YEARS  | 10. BIRTHPLACE (State or foreign country) <b>Pineridge, S. Dakota</b>   | 11a. USUAL OCCUPATION  | 11b. KIND OF BUSINESS OR INDUSTRY                                  |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>Katherine</b> b. (Middle) c. (Last) <b>Lott</b>  |   | 13. COLOR OR RACE <b>Indian</b>  |  |
| 14. AGE (At time of this birth) <b>38</b> YEARS  | 15. BIRTHPLACE (State or foreign country) <b>Lapwai, Idaho</b>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>4</b> b. How many children were born alive but are now dead? <b>1</b> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? |  |
| 17. INFORMANT <b>Grace Kelle</b> <b>Lapwai, Idaho</b>  |   |  |  |
| 18a. LENGTH OF PREGNANCY <b>38</b> WEEKS   | 18b. WEIGHT AT BIRTH <b>6</b> LBS. <b>4</b> OZS.  | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date  |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><b>Strangulation by cord</b><br>20b. MATERNAL CAUSES  |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR   |   | 22. STATE ALL OPERATIONS FOR DELIVERY  |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>9:10 A.</b> m.                   |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <b>M.D.</b><br>23b. DATE SIGNED <b>6-6-56</b>   |  |
| 23c. ATTENDANT'S ADDRESS <b>Lewiston, Idaho.</b>   |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL <b>H.H. Malcom</b> TITLE  |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  | 25b. DATE <b>6-6-1956</b>   | 25c. NAME OF CEMETERY OR CREMATORY <b>Tribal Cemetery</b>  | 25d. LOCATION (City, town, or county) (State) <b>Lapwai, Idaho</b> |
| DATE REC'D BY LOCAL REG. <b>6/7/56</b>   | REGISTRAR'S SIGNATURE <b>Cara Kinger</b>  | 26. FUNERAL DIRECTOR <b>Brower-Wann</b> ADDRESS <b>Lewiston, Idaho</b>   |  |

1912  
1913  
1914



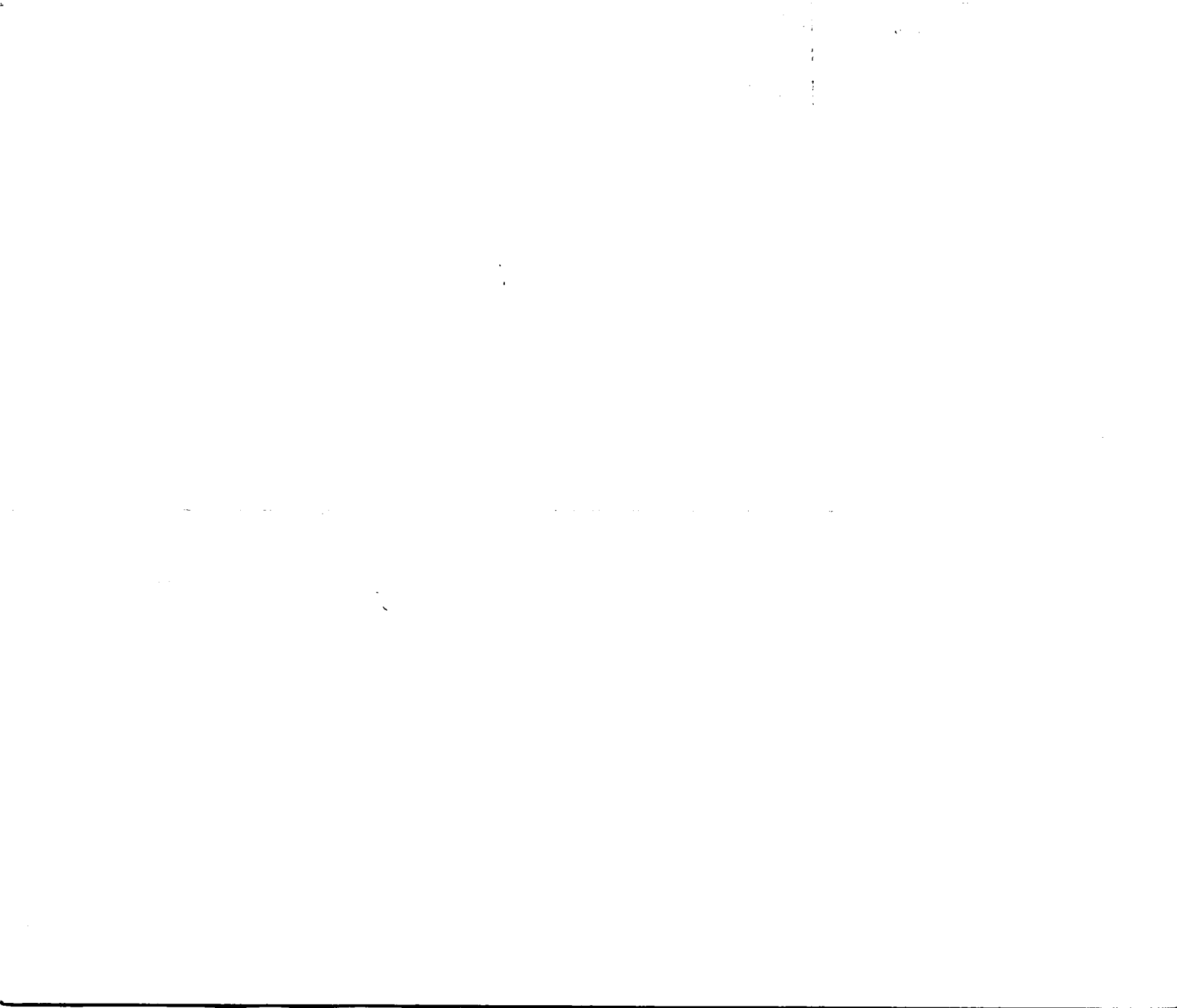
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PHS-797 (VS)  
4-48  
FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE  
JUL 6 1956  
Division of Vital Statistics

(1949 Revision of Standard Certificate)  
**CERTIFICATE OF STILLBIRTH**  
State of Idaho

State File No. 090  
Local Reg. No. 140  
Reg. Dist. No. 140

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <u>Shoshone</u>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Shoshone</u>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Wallace</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Kellogg</u>   |   |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Providence Hospital</u>   |   | d. STREET ADDRESS (If rural, give location)<br><u>Box 547</u>   |   |
| 3. CHILD'S NAME<br>(Type or Print) <u>James Earl Horine</u>  |   |   |   |
| 4. SEX<br><u>Male</u>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>May 27, 1956</u>                 |
| 7. FATHER'S NAME<br>a. (First) <u>Charles</u> b. (Middle) <u>Edward</u> c. (Last) <u>Horine</u>  |   | 8. COLOR OR RACE<br><u>White</u>  |   |
| 9. AGE (At time of this birth)<br><u>37</u> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><u>Crestline, Kansas</u>   | 11a. USUAL OCCUPATION<br><u>Miner</u>   | 11b. KIND OF BUSINESS OR INDUSTRY<br><u>Bunker Hill Mng. Co.</u>                  |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Treva</u> b. (Middle) <u>Ivie</u> c. (Last) <u>Smith</u>   |   | 13. COLOR OR RACE<br><u>White</u>   |   |
| 14. AGE (At time of this birth)<br><u>24</u> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><u>Cardin, Oklahoma</u>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>Two</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u> |   |
| 17. INFORMANT<br><u>Mrs. Treva Horine</u> - Mother   |   |   |   |
| 18a. LENGTH OF PREGNANCY<br>WEEKS <u>6</u>   | 18b. WEIGHT AT BIRTH<br>LBS. <u>2</u> OZS.  | 19. Was a standard serological test for syphilis performed? Yes. <u>X</u> No. <u>      </u><br>Approximate date <u>January 25, 1956</u>   |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><u>None.</u>   |   |
|  |   | 20b. MATERNAL CAUSES<br><u>Prolapse and strangulation of cord.</u>  |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><u>Protrusion prolapse of cord.</u>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><u>Forceps outlet delivery</u>   |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.                            |   | 23a. ATTENDANT'S SIGNATURE<br><u>Robert J. Russell</u><br>(Specify if M. D., midwife, or other) <u>M.D.</u>   | 23b. DATE SIGNED<br><u>8 June 56</u>  |
| 23c. ATTENDANT'S ADDRESS<br><u>Wallace, Idaho</u>  |   | IF NOT attended by physician  | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>James M. Glavin</u> TITLE <u>Idaho</u> |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 25b. DATE<br><u>May 29/56</u>   | 25c. NAME OF CEMETERY OR CREMATORY<br><u>Greenwood</u>  | 25d. LOCATION (City, town, or county) (State)<br><u>Kellogg Idaho</u>             |
| DATE REC'D BY LOCAL REG.<br><u>June (4-) 1956</u>  | REGISTRAR'S SIGNATURE<br><u>Robert J. Russell</u>   | 26. FUNERAL DIRECTOR<br><u>James M. Glavin</u> ADDRESS <u>Kellogg Idaho</u>   |   |



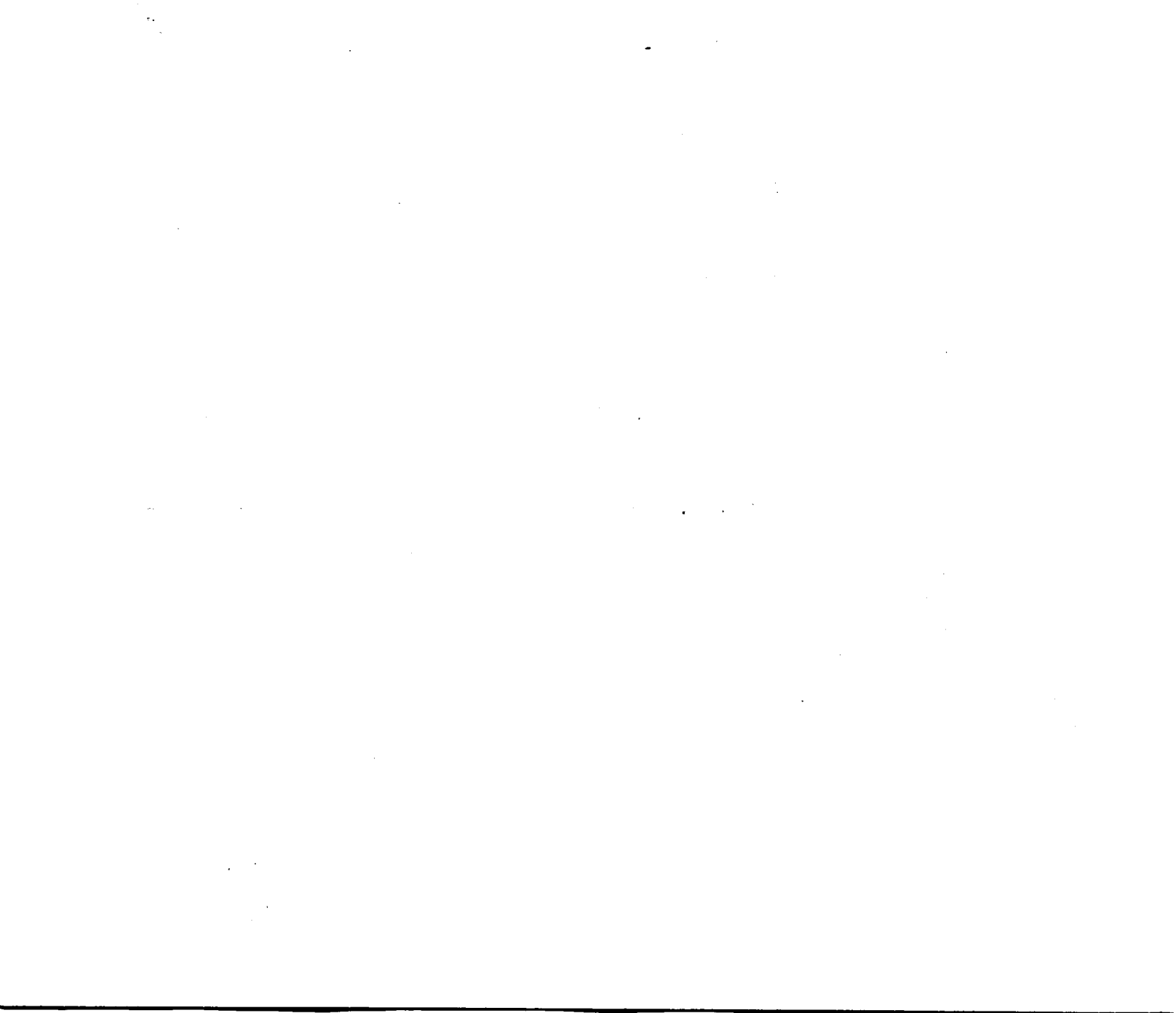
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(1949 Revision of Standard Certificate)

JUL 6 1956

**CERTIFICATE OF STILLBIRTH**State File No. 291Local Reg. No. 142Reg. Dist. No. 142**Division of Vital Statistics****State of Idaho**

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <b>Shoshone</b>  |   | 2. USUAL RESIDENCE OF MOTHER (Where was mother born?)<br>a. STATE <b>Idaho</b> b. COUNTY <b>Shoshone</b>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Wallace</b>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Millan</b>  |  |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR<br>INSTITUTION <b>Providence</b>       |   | d. STREET ADDRESS (If rural, give location)<br><b>H 23 Hunter</b>   |  |
| 3. CHILD'S NAME<br>(Type or Print) <b>Charlotte Rowena Hurles</b>  |   |   |  |
| 4. SEX<br><b>Female</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>June 23 1956</b>      |
| 7. FATHER'S NAME<br>a. (First) <b>John</b> b. (Middle) c. (Last) <b>Hurles</b>   |   | 8. COLOR OR RACE<br><b>White</b>  |  |
| 9. AGE (At time of this birth)<br><b>30</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>Chillicothe, Ohio</b>   | 11a. USUAL OCCUPATION<br><b>Miner</b>   | 11b. KIND OF BUSINESS OR INDUSTRY                                      |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>Irene</b> b. (Middle) c. (Last) <b>Thompson</b>  |   | 13. COLOR OR RACE<br><b>White</b>   |  |
| 14. AGE (At time of this birth)<br><b>29</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>Salem, W. Virginia</b>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>Five Boys</b><br>b. How many children were born alive but are now dead?<br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? |  |
| 17. INFORMANT<br><b>John Hurles - Father.</b>  |   |   |  |
| 18a. LENGTH OF PREGNANCY<br><b>9 Mos 8 WEEKS</b>   | 18b. WEIGHT AT BIRTH<br><b>6 LBS. 8 OZS.</b>  | 19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/><br>Approximate date <b>About 9 months ago</b>   |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><b>Placental Trauma</b>  |  |
| 20b. MATERNAL CAUSES   |   |   |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><b>None</b>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><b>None</b>  |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.                            |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><b>G. M. Peterson, M.D.</b>   |  |
| 23b. DATE SIGNED<br><b>6-23-56</b>   |   | 23c. ATTENDANT'S ADDRESS<br><b>Wallace, Idaho</b>   |  |
| 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><b>David H. Henderson</b>  |   | TITLE   |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 25b. DATE<br><b>June 25, 1956</b>   | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Worstell Cemetery</b>  | 25d. LOCATION (City, town, or county) (State)<br><b>Wallace, Idaho</b> |
| DATE REC'D BY LOCAL REG.<br><b>6-23-56</b>   | REGISTRAR'S SIGNATURE<br><b>David L. Corneley</b>   | 26. FUNERAL DIRECTOR<br><b>David H. Henderson</b>   | ADDRESS  |



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JUN 6 1956

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

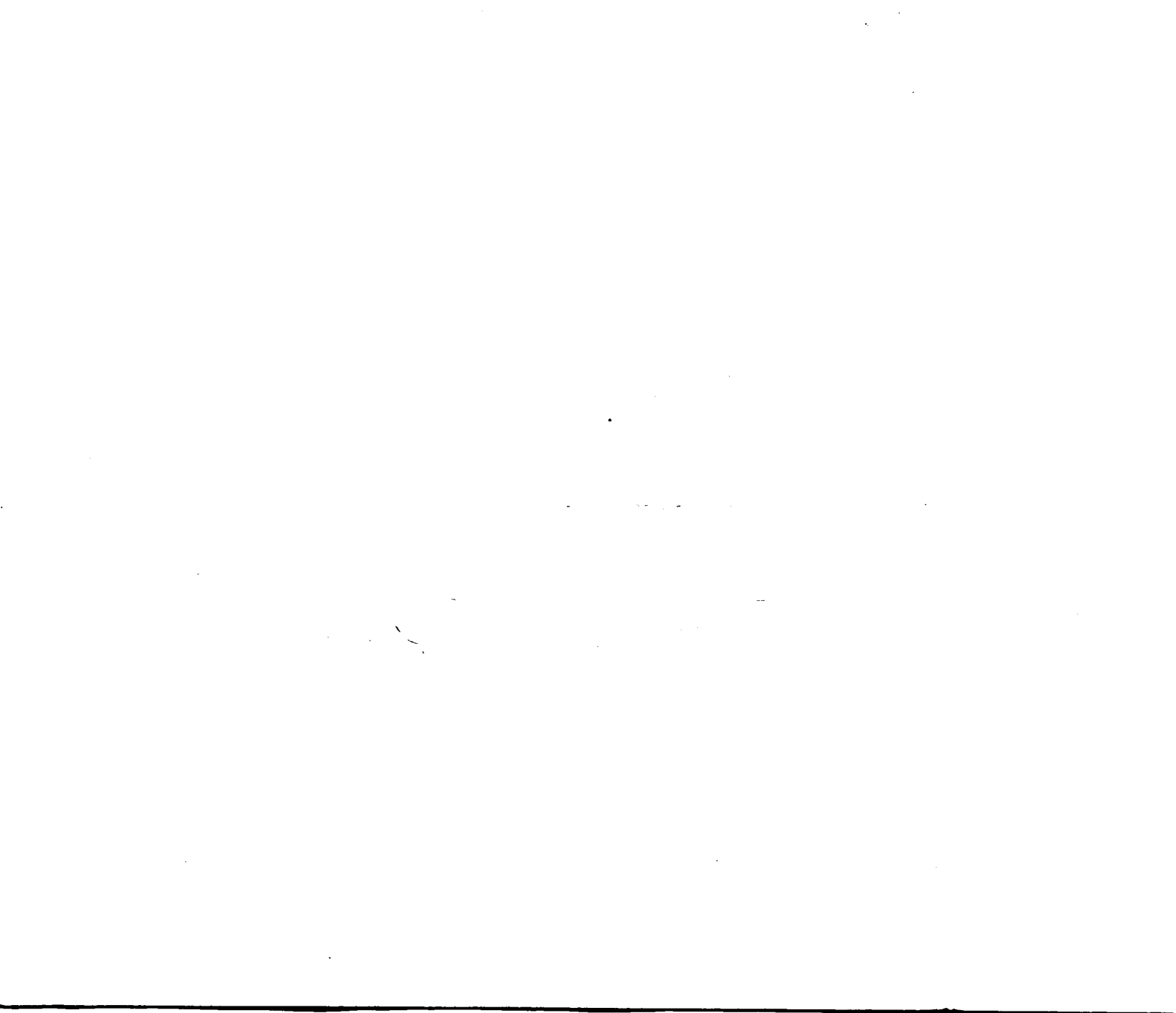
State of Idaho

State File No. 292

Local Reg. No. 2

Reg. Dist. No. 172

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <b>Shoshone</b>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>Idaho</b> b. COUNTY <b>Shoshone</b>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Wallace</b>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Wallace</b>  |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Providence Hospital</b>   |   | d. STREET ADDRESS (If rural, give location)<br><b>215 Cypress Street</b>   |  |
| 3. CHILD'S NAME<br>(Type or Print) <b>Raymond Lee Sternitzky</b>   |   |  |  |
| 4. SEX<br><b>Male</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>   | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>6 23 1956</b>         |
| 7. FATHER'S NAME<br>a. (First) <b>Theran</b> b. (Middle) <b>Max</b> c. (Last) <b>Sternitzky</b>  | 8. COLOR OR RACE<br><b>White</b>  |  |  |
| 9. AGE (At time of this birth)<br><b>25</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>Granton, Wisc.</b>  | 11a. USUAL OCCUPATION<br><b>Miner</b>  | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>Mining</b>                     |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>Eula</b> b. (Middle) c. (Last) <b>Sadda</b>  | 13. COLOR OR RACE<br><b>4/4 Apache</b>  |  |  |
| 14. AGE (At time of this birth)<br><b>21</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>San Carlos, Arizona</b>   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? |  |
| 17. INFORMANT<br><i>Theran M. Sternitzky</i>   |   |  |  |
| 18a. LENGTH OF PREGNANCY<br><b>26</b> WEEKS  | 18b. WEIGHT AT BIRTH<br><b>2 LBS 9-3/4</b>  | 19. Was a standard serological test for syphilis performed? Yes... No...<br>Approximate date <i>about 5 months ago</i>   |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><i>Placental Reasoning</i><br>20b. MATERNAL CAUSES<br><i>Eclampsia, Hypertension, Albuminuria</i>   |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><i>Eclampsia</i>   |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><i>None</i>   |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.                            |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><i>Chas. M. Peterson, M.D.</i><br>23b. DATE SIGNED<br><b>6-25-56</b>   |  |
| 23c. ATTENDANT'S ADDRESS<br><i>Wallace, Idaho</i>  |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><i>Official [Signature]</i>  |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 25b. DATE<br><b>June 26, '56</b>  | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Worstell Cemetery</b>   | 25d. LOCATION (City, town, or county) (State)<br><b>Wallace, Idaho</b> |
| DATE REC'D BY LOCAL REG.<br><b>June 24-56</b>  | REGISTRAR'S SIGNATURE<br><i>John A. [Signature]</i>   | 26. FUNERAL DIRECTOR ADDRESS<br><i>Official [Signature]</i>  |  |





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JUL 13 1956

(1949 Revision of Standard Certificate)  
**CERTIFICATE OF STILLBIRTH**  
 State of Idaho

State File No. 993

Local Reg. No. 166

Reg. Dist. No. 160

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <u>TWIN FALLS</u>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>TWIN FALLS</u>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>TWIN FALLS</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>TWIN FALLS</u>  |  |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <u>Magic Valley Memorial Hosp.</u> |   | d. STREET ADDRESS (If rural, give location)<br><u>Box 723 - Twin Falls.</u>  |  |
| 3. CHILD'S NAME<br>(Type or Print) <u>Walker Baby Girl (MARY ROSE)</u>   |   |  |  |
| 4. SEX<br><u>Female</u>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>   | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>6 - 27 - 56</u> |
| 7. FATHER'S NAME<br>a. (First) <u>THOMAS</u><br>b. (Middle) <u>R</u><br>c. (Last) <u>WALKER</u>  | 8. COLOR OR RACE<br><u>W.</u>   |  |  |
| 9. AGE (At time of this birth)<br><u>38</u> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><u>Nailey Idaho</u>  | 11a. USUAL OCCUPATION  | 11b. KIND OF BUSINESS OR INDUSTRY<br><u>Beer Distributor</u>     |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Rose</u><br>b. (Middle) <u>ASTORIA</u><br>c. (Last) <u>WALKER</u>  | 13. COLOR OR RACE<br><u>W</u>   |  |  |
| 14. AGE (At time of this birth)<br><u>34</u> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><u>Shoshone Idaho</u>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>2</u><br>b. How many children were born alive but are now dead?<br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>2</u> |  |
| 17. INFORMANT<br><u>Husband</u>  |   |  |  |
| 18a. LENGTH OF PREGNANCY<br><u>32</u> WEEKS  | 18b. WEIGHT AT BIRTH<br><u>1 LBS. 12 1/2 OZS.</u>   | 19. Was a standard serological test for syphilis performed? Yes <u>✓</u> No <u>  </u><br>Approximate date  |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)         |   | 20a. FETAL CAUSES<br><u>Cyathoblastosis</u>  |  |
|  |   | 20b. MATERNAL CAUSES<br><u>none</u>  |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><u>none</u>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><u>none</u>   |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>7.189. m.</u>                            |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><u>[Signature]</u>   |  |
| 23b. DATE SIGNED<br><u>6/27/56</u>   |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>[Signature]</u>   |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |   | 25b. DATE<br><u>6/27/56</u>  |  |
| 25c. NAME OF CEMETERY OR CREMATORY<br><u>Nailey Cemetery</u>   |   | 25d. LOCATION (City, town, or county) (State)<br><u>Nailey, Idaho</u>  |  |
| DATE REC'D BY LOCAL REG.<br><u>June 27, 1956</u>   |   | 26. FUNERAL DIRECTOR<br><u>James C. Reynolds</u>   |  |
| REGISTRAR'S SIGNATURE<br><u>Lorona O. [Signature]</u>  |   | ADDRESS<br><u>Twin Falls, Idaho</u>  |  |



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(1949 Revision of Standard Certificate)

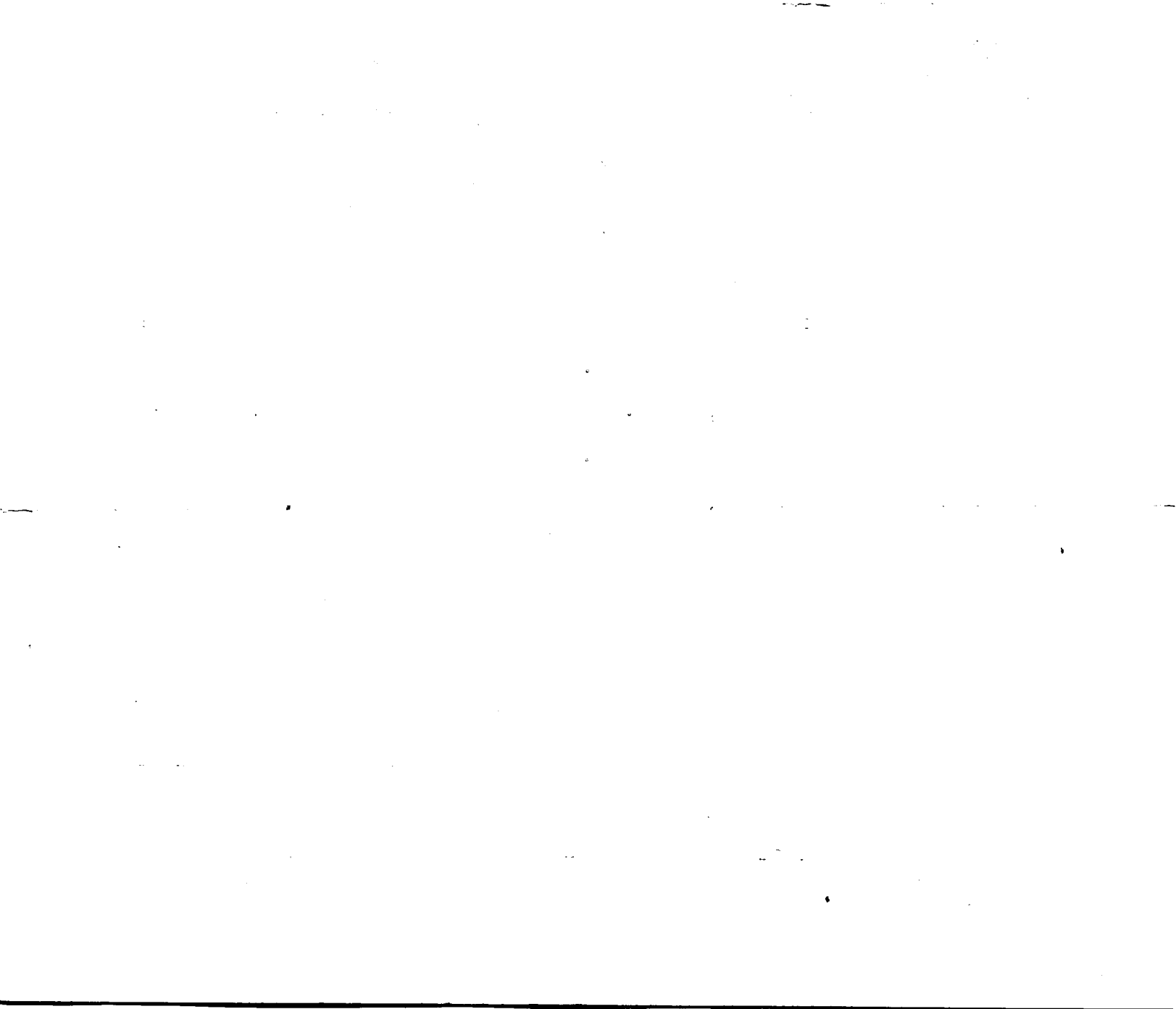
**CERTIFICATE OF STILLBIRTH**

State of Idaho

State File No. 94  
Local Reg. No. 38  
Reg. Dist. No. 322

Division of Vital Statistics

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <u>Washington</u>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Washington</u>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Weiser</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Weiser</u>   |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Weiser Memorial Hosp.</u>   |   | d. STREET ADDRESS (If rural, give location)   |  |
| 3. CHILD'S NAME<br>(Type or Print) <u>Baby Boy Manley</u>  |   |   |  |
| 4. SEX<br><u>male</u>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>June 12, 1956</u>                       |
| 7. FATHER'S NAME<br>a. (First) <u>Gene</u> b. (Middle) <u>L.</u> c. (Last) <u>Manley</u>   |   | 8. COLOR OR RACE<br><u>White</u>  |  |
| 9. AGE (At time of this birth)<br><u>23</u> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><u>Edison, Nebr.</u>   | 11a. USUAL OCCUPATION<br><u>Manager</u>   | 11b. KIND OF BUSINESS OR INDUSTRY<br><u>Lumber Co.</u>                                   |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Hazel</u> b. (Middle) <u>L.</u> c. (Last) <u>Widener</u>   |   | 13. COLOR OR RACE<br><u>White</u>   |  |
| 14. AGE (At time of this birth)<br><u>20</u> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><u>Weiser, Idaho</u>   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>2</u><br>b. How many children were born alive but are now dead? <u>0</u><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u> |  |
| 17. INFORMANT<br><u>Mrs. Lorene Manley</u>   |   |   |  |
| 18a. LENGTH OF PREGNANCY<br>WEEKS  | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | 19. Was a standard serological test for syphilis performed? Yes <u>X</u> No <u>  </u><br>Approximate date <u>10 May 56</u>  |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><u>Prematurity - 20-22 weeks gestation - Cause unknown</u><br>20b. MATERNAL CAUSES<br><u>none</u>  |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><u>none</u>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><u>none - Spontaneous Delivery</u>   |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>      </u> m.                    |   | 23a. ATTENDANT'S SIGNATURE<br><u>Hyden Hancher M.D.</u><br>(Specify if M. D., midwife, or other)  | 23b. DATE SIGNED<br><u>6-25-56</u>   |
| 23c. ATTENDANT'S ADDRESS<br><u>Weiser, Idaho</u>   |   | If NOT attended by physician  | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>Marie Hunter</u> TITLE <u>State Registrar</u> |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>cremation</u>  | 25b. DATE<br><u>6-25-56</u>   | 25c. NAME OF CEMETERY OR CREMATORY<br><u>Northam-Jones</u>  | 25d. LOCATION (City, town, or county) (State)<br><u>Weiser, Idaho</u>                    |
| DATE REC'D BY LOCAL REG.<br><u>6-25-56</u>   | REGISTRAR'S SIGNATURE<br><u>Marie Hunter</u>  |   | 26. FUNERAL DIRECTOR<br><u>Paul Thomas</u> ADDRESS <u>Weiser, Idaho</u>                  |



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## CERTIFICATE OF STILLBIRTH

State of Idaho

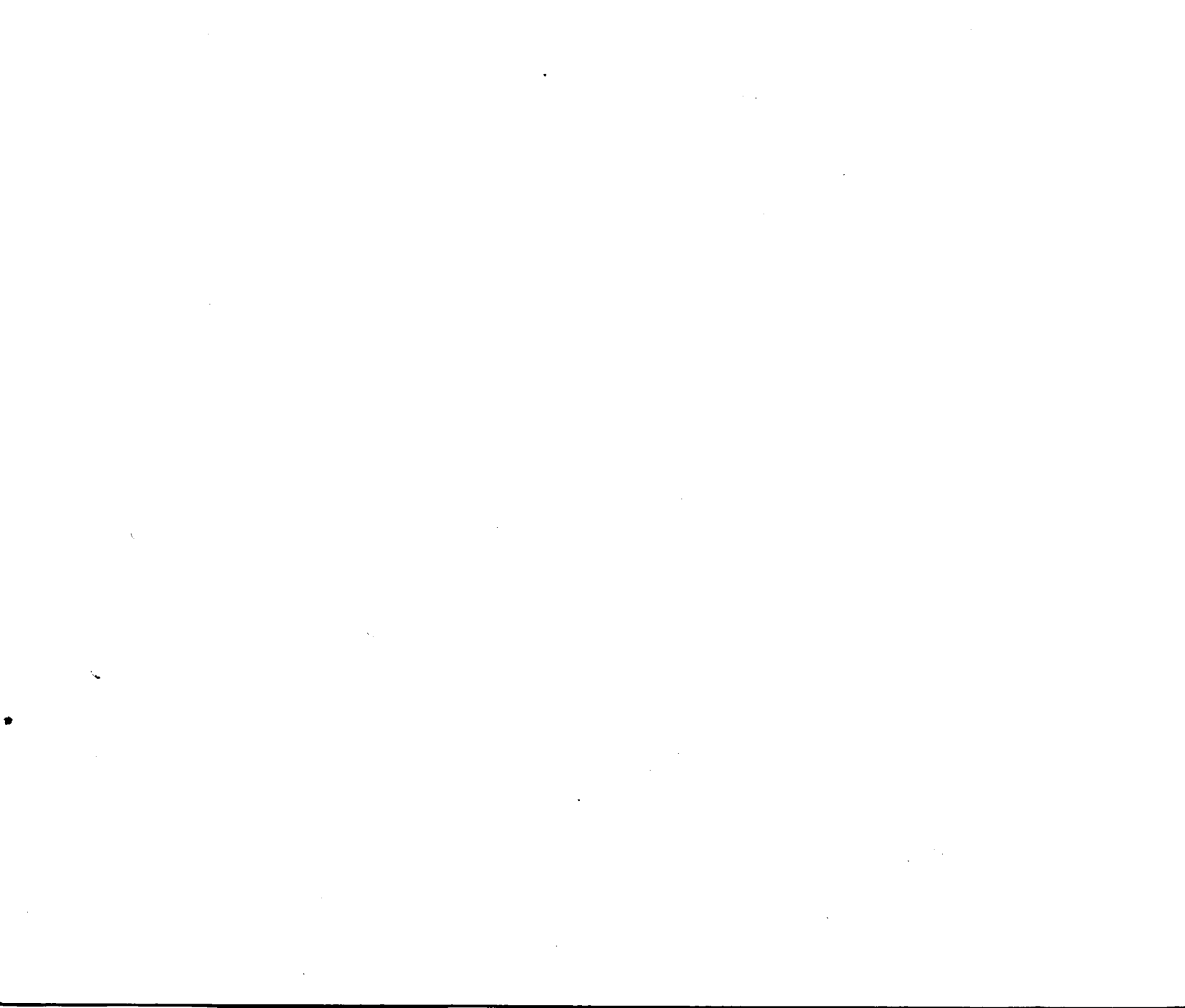
State File No. 095

Local Reg. No. 225

Reg. Dist. No. 370

JUL 19 1956

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <b>Ada</b>   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>Idaho</b> b. COUNTY <b>Ada</b>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Boise</b>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Boise</b>   |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>   |   | d. STREET ADDRESS (If rural, give location)<br><b>1609 Colorado</b>   |  |
| 3. CHILD'S NAME<br>(Type or Print) <b>MAY ANN WITHROW</b>  |   |   |  |
| 4. SEX<br><b>Female</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>July 4 1956</b>     |
| 7. FATHER'S NAME<br>a. (First) <b>ROBERT</b> b. (Middle) <b>LEON</b> c. (Last) <b>WITHROW</b>  |   | 8. COLOR OR RACE<br><b>White</b>  |  |
| 9. AGE (At time of this birth)<br><b>27</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>Chinook, Montana</b>  | 11a. USUAL OCCUPATION   | 11b. KIND OF BUSINESS OR INDUSTRY                                    |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>VIOLA</b> b. (Middle) <b>MAY</b> c. (Last) <b>GARDINE</b>  |   | 13. COLOR OR RACE<br><b>White</b>   |  |
| 14. AGE (At time of this birth)<br><b>24</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>New London, Iowa</b>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>1</b><br>b. How many children were born alive but are now dead? <b>0</b><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b> |  |
| 17. INFORMANT<br><b>x Robert Leon Withrow</b>  |   |   |  |
| 18a. LENGTH OF PREGNANCY<br><b>11</b> WEEKS  | 18b. WEIGHT AT BIRTH<br><b>6</b> LBS. <b>9</b> OZS.   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date   |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><b>Intrauterine asphyxia</b>   |  |
|  |   | 20b. MATERNAL CAUSES<br><b>Prolapse of cord (before labor)</b>  |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><b>Rupt. of mem. before labor C break (double footling)</b>                          |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><b>Delivery, episiotomy</b>  |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.                            |   | 23a. ATTENDANT'S SIGNATURE<br><b>James Reynolds MD</b>  | 23b. DATE SIGNED<br><b>7-7-56</b>                                    |
| 23a. ATTENDANT'S ADDRESS<br><b>Boise Idaho</b>   |   | If NOT attended by physician  | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><b>Robert F. Dickard</b>     |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 25b. DATE<br><b>July 6, 1956</b>  | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Cloverdale</b>   | 25d. LOCATION (City, town, or county) (State)<br><b>Boise, Idaho</b> |
| DATE REC'D BY LOCAL REG.<br><b>7-12-56</b>   | REGISTRAR'S SIGNATURE<br><b>Myrtle Palmer</b>   | 26. FUNERAL DIRECTOR<br><b>RELYEA MORTUARY</b><br>ADDRESS<br><b>Boise, Idaho</b>  |  |



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(1949 Revision of Standard Certificate)

**CERTIFICATE OF STILLBIRTH**

State of Idaho

State File No. 096Local Reg. No. 242Reg. Dist. No. 270

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF <del>Division of Vital Statistics</del><br>a. COUNTY<br><b>Ada</b>   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE<br><b>Idaho</b><br>b. COUNTY<br><b>Ada</b>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><b>Boise</b>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><b>Boise</b>  |   |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR<br>INSTITUTION<br><b>St. Alphonse</b>  |   | d. STREET ADDRESS (If rural, give location)<br><b>2309 Heights Drive</b>  |   |
| 3. CHILD'S NAME<br>(Type or Print)<br><b>Thomas Williamson</b>   |   |   |   |
| 4. SEX<br><b>Male</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>July 10 1956</b>   |
| 7. FATHER'S NAME<br>a. (First)<br><b>Gordon</b><br>b. (Middle)<br><b>Lee</b><br>c. (Last)<br><b>Williamson</b>                             |   | 8. COLOR OR RACE<br><b>white</b>  |   |
| 9. AGE (At time of this birth)<br><b>36</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>Portland</b>  | 11a. USUAL OCCUPATION<br><b>Dentist</b>   | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>Denistry</b>                |
| 12. MOTHER'S MAIDEN NAME<br>a. (First)<br><b>Jane</b><br>b. (Middle)<br><b>West</b><br>c. (Last)<br><b>Barrett</b>                         |   | 13. COLOR OR RACE<br><b>white</b>   |   |
| 14. AGE (At time of this birth)<br><b>35</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>Idaho Falls Ida.</b>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living?<br><b>3</b><br>b. How many children were born alive but are now dead?<br><b>none</b><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? |   |
| 17. INFORMANT<br><b>Gordon L. Williamson</b>   |   |   |   |
| 18a. LENGTH OF PREGNANCY<br>WEEKS  | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | 19. Was a standard serological test for syphilis performed? Yes..... No.....<br>Approximate date  |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><b>Cryptorchidism</b><br>20b. MATERNAL CAUSES<br><b>Rh. Sensitization</b>  |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><b>Rh. Sensitization</b>   |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><b>Brach delivery - Manual rotation</b>  |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.                            |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><b>Dr. J. H. [Signature]</b><br>23b. DATE SIGNED<br><b>7/11/56</b>  |   |
| 23c. ATTENDANT'S ADDRESS<br><b>Boise Idaho</b>   |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><b>Daniel S. Gibson</b><br>TITLE<br><b>Schreiber-McCann-Gibson-Boise</b>  |   |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 25b. DATE<br><b>July 11 1956</b>  | 25c. NAME OF CEMETERY OR CREMATORY<br><b>St. John's</b>   | 25d. LOCATION (City, town, or county) (State)<br><b>Boise Idaho</b> |
| DATE REC'D BY LOCAL REG.<br><b>7-18-56</b>   | REGISTRAR'S SIGNATURE<br><b>Myrtle Palmer</b>   | 26. FUNERAL DIRECTOR<br><b>Schreiber-McCann-Gibson-Boise</b>  |   |





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4-48

FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE

AUG 13 1956

(1949 Revision of Standard Certificate)

**CERTIFICATE OF STILLBIRTH**  
Division of Vital Statistics

State of Idaho

State File No. 097

Local Reg. No. 265

Reg. Dist. No. 370

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <u>Ada</u>   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Boise</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Meridian</u>  |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>  |   | d. STREET ADDRESS (If rural, give location)<br><u>R. D. #2</u>  |  |
| 3. CHILD'S NAME<br>(Type or Print) <u>DANIEL DUANE LANE</u>  |   |   |  |
| 4. SEX<br><u>Male</u>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>July 28, 1956</u>   |
| 7. FATHER'S NAME<br>a. (First) <u>Leslie</u> b. (Middle) <u>H.</u> c. (Last) <u>Lane</u>   |   | 8. COLOR OR RACE<br><u>White</u>  |  |
| 9. AGE (At time of this birth)<br><u>43</u> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><u>Harrison Co., Mo.</u>   | 11a. USUAL OCCUPATION<br><u>Farmer</u>  | 11b. KIND OF BUSINESS OR INDUSTRY                                    |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Eulalia</u> b. (Middle) c. (Last) <u>Fancher</u>   |   | 13. COLOR OR RACE<br><u>White</u>   |  |
| 14. AGE (At time of this birth)<br><u>43</u> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><u>Hooker, Oklahoma</u>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>5</u><br>b. How many children were born alive but are now dead? <u>None</u><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u> |  |
| 17. INFORMANT<br><u>Leslie H. Lane</u>   |   |   |  |
| 18a. LENGTH OF PREGNANCY<br>WEEKS  | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date <u>June '56</u>   |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><u>none apparent</u><br>20b. MATERNAL CAUSES<br><u>none</u>  |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><u>Cholecystitis + Cholelithiasis</u>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><u>none</u>  |  |
| I hereby certify that attended the birth of this child who was born dead on the date stated above at _____ m.                              |   | 23a. ATTENDANT'S SIGNATURE<br><u>Carl D. Lusk</u><br>23c. ATTENDANT'S ADDRESS<br><u>Meridian Ida</u>  |  |
|  |   | 23b. DATE SIGNED<br><u>7-30-56</u><br>24. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>W.D.</u><br>TITLE  |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 25b. DATE<br><u>July 28, 1956</u>   | 25c. NAME OF CEMETERY OR CREMATORY<br><u>Cloverdale Memorial Park</u>   | 25d. LOCATION (City, town, or county) (State)<br><u>Boise, Idaho</u> |
| DATE REC'D BY LOCAL REG.<br><u>8-8-56</u>  | REGISTRAR'S SIGNATURE<br><u>Myrtle Palmer</u>   | 26. FUNERAL DIRECTOR<br><u>SUMMERS FUNERAL HOME</u><br><u>Boise, Idaho</u><br><u>Clayton E. Summers</u>   |  |

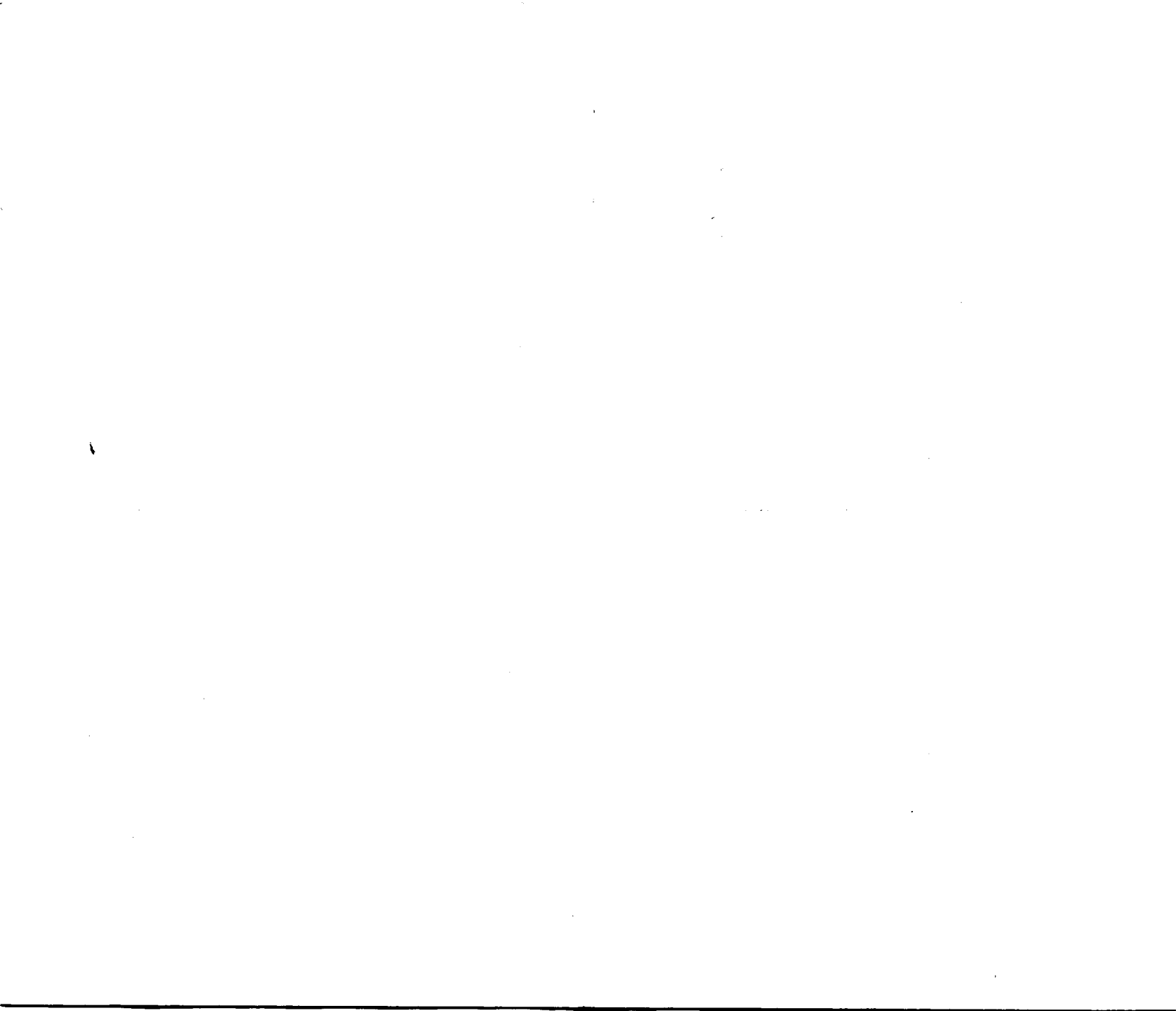
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(1949 Revision of Standard Certificate)

**AUG 15 1956 CERTIFICATE OF STILLBIRTH****Division of Vital Statistics****State of Idaho**State File No. 098Local Reg. No. 2Reg. Dist. No. 300

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <u>Adams</u>   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Valley</u>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Council</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>McCall</u>  |   |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hosp. Council Id.</u>   |   | d. STREET ADDRESS (If rural, give location)   |   |
| 3. CHILD'S NAME<br>(Type or Print) <u>Widner</u>   |   |   |   |
| 4. SEX<br><u>Male</u>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>7-7-56</u>           |
| 7. FATHER'S NAME<br>a. (First) <u>Edward</u> b. (Middle) <u>LaVelle</u> c. (Last) <u>Widner</u>  |   | 8. COLOR OR RACE<br><u>wh.</u>  |   |
| 9. AGE (At time of this birth)<br><u>30</u> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><u>Midvale, Idaho</u>  | 11a. USUAL OCCUPATION<br><u>Barber</u>  | 11b. KIND OF BUSINESS OR INDUSTRY                                     |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Alice</u> b. (Middle) <u>Lorton</u> c. (Last) <u>Widner</u>                                      |   | 13. COLOR OR RACE<br><u>wh.</u>   |   |
| 14. AGE (At time of this birth)<br><u>32</u> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><u>Davdanella, Ark</u>   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>2</u><br>b. How many children were born alive but are now dead? <u>0</u><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u> |   |
| 17. INFORMANT<br><u>Alice Lorton Widner, Mother</u>  |   |   |   |
| 18a. LENGTH OF PREGNANCY<br><u>30</u> WEEKS  | 18b. WEIGHT AT BIRTH<br>LBS. <u>8</u> OZS.  | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date   |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><u>anoxia secondary to maternal shock</u>  |   |
|  |   | 20b. MATERNAL CAUSES<br><u>Ruptured Uterus</u>  |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><u>Ruptured Uterus</u>   |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><u>Cesarean Section</u>  |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>3 A.</u> m.                      |   | 23a. ATTENDANT'S SIGNATURE<br><u>E. Eugene</u> (Specify if M. D., midwife, or other) <u>M.D.</u>  |   |
| 23c. ATTENDANT'S ADDRESS<br><u>McCall, Idaho</u>   |   | 23b. DATE SIGNED<br><u>7-30-56</u>  |   |
|  |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>George Smith</u> TITLE   |   |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>  | 25b. DATE<br><u>7-7-56</u>  | 25c. NAME OF CEMETERY OR CREMATORY<br><u>McCall Cemetery</u>  | 25d. LOCATION (City, town, or county) (State)<br><u>McCall, Idaho</u> |
| DATE REC'D BY LOCAL REG.<br><u>8-11-56</u>   | 26. FUNERAL DIRECTOR<br><u>George Smith</u> ADDRESS   |   |   |



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(1949 Revision of Standard Certificate)

## CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. ....

099

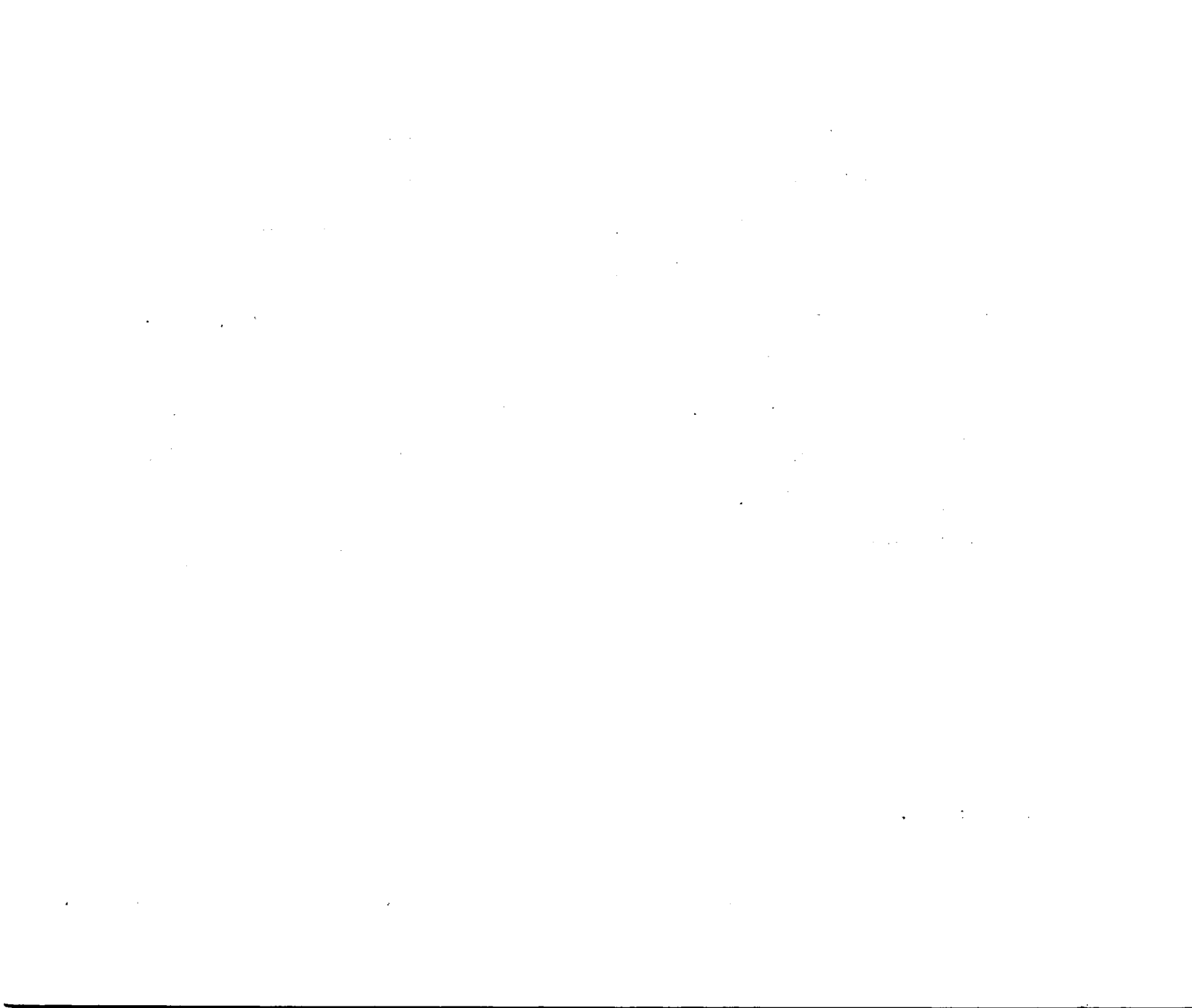
Local Reg. No. ....

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Reg. Dist. No. ....

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|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF STILLBIRTH (Division of Vital Statistics)<br>a. COUNTY <u>Bannock</u>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Pocatello</u>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Pocatello</u>   |  |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <u>Bannock Memorial Hospital</u> |   | d. STREET ADDRESS (If rural, give location)<br><u>1500 Yellowstone</u>   |  |
| 3. CHILD'S NAME<br>(Type or Print) <u>BABY GIRL BROWN</u>  |   |  |  |
| 4. SEX<br><u>Female</u>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>   | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>July 22, 1956</u> |
| 7. FATHER'S NAME<br>a. (First) <u>ROBERT</u> b. (Middle) <u>WARREN</u> c. (Last) <u>BROWN</u>  |   | 8. COLOR OR RACE<br><u>White</u>   |  |
| 9. AGE (At time of this birth)<br><u>29</u> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><u>Pocatello, Idaho</u>  | 11a. USUAL OCCUPATION<br><u>Iron worker</u>  | 11b. KIND OF BUSINESS OR INDUSTRY<br><u>Allied Steele</u>          |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Rayola</u> b. (Middle) <u>Scarborough</u> c. (Last) <u>White</u>                                       |   | 13. COLOR OR RACE<br><u>White</u>  |  |
| 14. AGE (At time of this birth)<br><u>25</u> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><u>Firth, Idaho</u>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>None</u><br>b. How many children were born alive but are now dead? <u>None</u><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u> |  |
| 17. INFORMANT<br><u>Rayola Brown</u>   |   |  |  |
| 18a. LENGTH OF PREGNANCY<br><u>32</u> WEEKS  | 18b. WEIGHT AT BIRTH<br><u>2</u> LBS. <u>0</u> OZS.   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date  |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)       |   | 20a. FETAL CAUSES<br><u>Construction of umbilical cord</u>   |  |
|  |   | 20b. MATERNAL CAUSES<br><u>None</u>  |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><u>None</u>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><u>None</u>   |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>6:08 A.</u> m.                         |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><u>Dr. L. Hughes, M.D.</u>   |  |
|  |   | 23b. DATE SIGNED<br><u>3 Aug 1956</u>  |  |
| 23c. ATTENDANT'S ADDRESS<br><u>1448 E. Center</u>  |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>George W. Knott</u>   |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |   | 25b. DATE<br><u>7/24/56</u>  | 25c. NAME OF CEMETERY OR CREMATORY<br><u>Mountainview</u>          |
|  |   | 25d. LOCATION (City, town, or county)<br><u>Pocatello</u>  | (State)<br><u>Idaho</u>  |
| DATE REC'D BY LOCAL REG.<br><u>AUG 16 1956</u>   | REGISTRAR'S SIGNATURE<br><u>Geraldine Smart</u>   | 26. FUNERAL DIRECTOR ADDRESS<br><u>Downard Fun. Home Pocatello, Ida.</u>   |  |



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(1949 Revision of Standard Certificate)

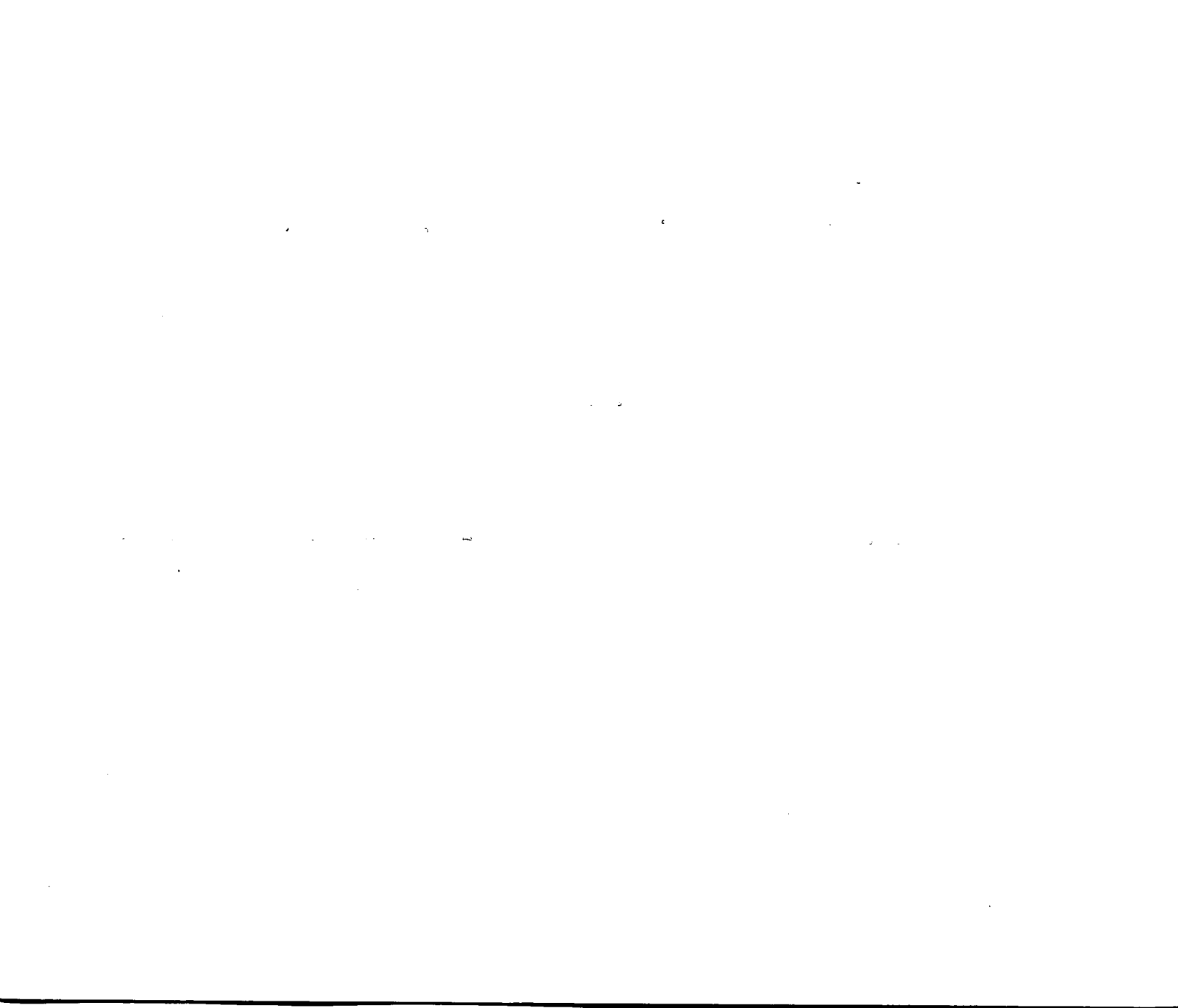
**CERTIFICATE OF STILLBIRTH**

State of Idaho

State File No. 100Local Reg. No. 37Reg. Dist. No. 130

JUL 16 1956

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF BIRTH (Division of Vital Statistics)<br>a. COUNTY <b>Benewah</b>   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>Idaho</b> b. COUNTY <b>Benewah</b>  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Maries, Idaho</b>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Maries, Idaho</b>  |   |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <b>St. Maries Hosp. &amp; Clinic</b> |   | d. STREET ADDRESS (If rural, give location)<br><b>150 No. 10th St.</b>  |   |
| 3. CHILD'S NAME<br>(Type or Print) <b>James Edward Fiebick</b>   |   |   |   |
| 4. SEX<br><b>Male</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>July 9, 1956</b>         |
| 7. FATHER'S NAME<br>a. (First) <b>Theodore</b> b. (Middle) <b>Herbert</b> c. (Last) <b>Fiebick</b>   | 8. COLOR OR RACE<br><b>White</b>  |   |   |
| 9. AGE (At time of this birth)<br><b>43</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>Fessenden, S.D.</b>   | 11a. USUAL OCCUPATION<br><b>Woods-worker</b>  | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>Lumber</b>                        |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>Frieda</b> b. (Middle) <b>Lindeman</b> c. (Last) <b>White</b>  | 13. COLOR OR RACE<br><b>White</b>   |   |   |
| 14. AGE (At time of this birth)<br><b>40</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>Eureka, Mont</b>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>- 2 -</b> b. How many children were born alive but are now dead? <b>- - -</b> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>- - -</b> |   |
| 17. INFORMANT<br><b>Mrs. T.H. Fiebick Mother - 2 - - - -</b>   |   |   |   |
| 18a. LENGTH OF PREGNANCY<br><b>39 1/2</b> WEEKS  | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date <b>February 17, 1956</b>  |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)           | 20a. FETAL CAUSES<br><b>Compression cord - breech delivery</b>  |   |   |
|  | 20b. MATERNAL CAUSES<br><b>Small internal pelvic measurements</b>   |   |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><b>none</b>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><b>Forceps to after coming head</b>  |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>m. St. Maries, Idaho</b>                   | 23a. ATTENDANT'S SIGNATURE<br><b>Mrs. Sullivan M. 19</b>  |   | 23b. DATE SIGNED<br><b>July 10, 1956</b>                                  |
|  | 23c. ATTENDANT'S ADDRESS<br><b>St. Maries, Idaho</b>  | IF NOT attended by physician  | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><b>Gerall E. Brauning</b> TITLE   |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 25b. DATE<br><b>July 10, 1956</b>   | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Woodlawn</b>   | 25d. LOCATION (City, town, or county) (State)<br><b>St. Maries, Idaho</b> |
| DATE REC'D BY LOCAL REG.<br><b>7-13-56</b>   | REGISTRAR'S SIGNATURE<br><b>John R. Hanley</b>  | 26. FUNERAL DIRECTOR<br><b>Gerall E. Brauning</b> ADDRESS   |   |





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(1949 Revision of Standard Certificate)

State File No. 101  
Local Reg. No. 147  
Reg. Dist. No. 610

Division of Vital Statistics

State of Idaho

## 1. PLACE OF STILLBIRTH

a. COUNTY

Bonnevillie

b. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN Idaho Falls

c. FULL NAME OF HOSPITAL OR INSTITUTION L.D.S. Hospital

## 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Bonnevillie

c. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN Idaho Fallsd. STREET ADDRESS  
Route 5

## 3. CHILD'S NAME

(Type or Print)

Baby Albertson

## 4. SEX

male

## 5a. THIS BIRTH

SINGLE ☒TWIN ☐TRIPLET ☐

## 5b. IF TWIN OR TRIPLET (This child born)

1ST ☐2ND ☐3RD ☐

## 6. DATE OF STILLBIRTH

(Month)

(Day)

(Year)

July 4-1956

## 7. FATHER'S NAME

a. (First)

Roger

b. (Middle)

c. (Last)

Albertson

## 8. COLOR OR RACE

white

## 9. AGE (At time of this birth)

YEARS

## 10. BIRTHPLACE (State or foreign country)

Idaho Falls Idaho - Rr

## 11a. USUAL OCCUPATION

Farmer

## 11b. KIND OF BUSINESS OR INDUSTRY

## 12. MOTHER'S MAIDEN NAME

a. (First)

Betty Jean Drollinger

b. (Middle)

c. (Last)

## 13. COLOR OR RACE

white

## 14. AGE (At time of this birth)

YEARS

## 15. BIRTHPLACE (State or foreign country)

Marysville, Idaho

## 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

b. How many children were born alive but are now dead?

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

3

## 17. INFORMANT

18a. LENGTH OF PREGNANCY  
WEEKS18b. WEIGHT AT BIRTH  
LBS. OZS.19. Was a standard serological test for syphilis performed? Yes..... No.....  
Approximate dateCAUSE OF STILLBIRTH  
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

## 20a. FETAL CAUSES

None

## 20b. MATERNAL CAUSES

Prolapsed cord &amp; asphyxia

## 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

## 22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at \_\_\_\_\_ m.

## 23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

## 23b. DATE SIGNED

7-25-56

## 23c. ATTENDANT'S ADDRESS

If NOT attended by physician

## 24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

## 25a. BURIAL CREMATION REMOVAL (Specify)

## 25b. DATE

## 25c. NAME OF CEMETERY OR CREMATORY

## 25d. LOCATION (City, town, or county)

(State)

Burial

July 6, 56

Grant Cemetery

Rigby - Rauts - Idaho

DATE REC'D BY LOCAL REG.

## REGISTRAR'S SIGNATURE

## 26. FUNERAL DIRECTOR

ADDRESS

July 27-1956

Luna Bidgen

D. A. Williams

Idaho Falls

0150 R<sub>2</sub>

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(1949 Revision of Standard Certificate)

## CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 102

Local Reg. No. 147

Reg. Dist. No. 610

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF STILLBIRTH (Division of Vital Statistics)<br>a. COUNTY <u>Bonneville</u>  |  | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Butte</u>  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Idaho Falls</u>                                       |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Darlington</u>  |   |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>L.D.S. Hospital</u>  |  | d. STREET ADDRESS (If rural, give location)   |   |
| 3. CHILD'S NAME (Type or Print) <u>Merrilyn McAffee</u>   |  |   |   |
| 4. SEX <u>Female</u>  | 5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>   | 6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 20, 1956</u> |
| 7. FATHER'S NAME a. (First) <u>James</u> b. (Middle) <u>Merrill</u> c. (Last) <u>McAffee</u>  |  | 8. COLOR OR RACE <u>white</u>   |   |
| 9. AGE (At time of this birth) <u>40</u> YEARS  |  | 10. BIRTHPLACE (State or foreign country) <u>Wallsburg, Utah</u>  | 11a. USUAL OCCUPATION <u>Farmer</u>                             |
| 12. MOTHER'S MAIDEN NAME a. (First) <u>Bernice</u> b. (Middle) <u>Buxton</u> c. (Last) <u>McAffee</u>                                       |  | 13. COLOR OR RACE <u>white</u>  |   |
| 14. AGE (At time of this birth) <u>26</u> YEARS   |  | 15. BIRTHPLACE (State or foreign country) <u>Driggs Idaho</u>   |   |
| 17. INFORMANT <u>James McAffee</u>  |  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>1</u><br>b. How many children were born alive but are now dead? <u>1</u><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>—</u> |   |
| 18a. LENGTH OF PREGNANCY WEEKS  |  | 18b. WEIGHT AT BIRTH LBS. OZS.  |   |
| 19. CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |  | 19. Was a standard serological test for syphilis performed? Yes..... No.....<br>Approximate date  |   |
| 20a. FETAL CAUSES <u>Microcephalus</u>  |  | 20b. MATERNAL CAUSES  |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  |  | 22. STATE ALL OPERATIONS FOR DELIVERY   |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>Idaho Falls</u> m.                |  | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>MD</u>  |   |
| 23b. DATE SIGNED <u>7/27/56</u>   |  | 23c. ATTENDANT'S ADDRESS  |   |
| 24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Leo A. Williams</u>   |  | TITLE   |   |
| 25a. BURIAL CREMATION, REMOVAL (Specify) <u>Funeral</u>   |  | 25b. DATE <u>July 24, 1956</u>  |   |
| 25c. NAME OF CEMETERY OR CREMATORY <u>Lost River</u>  |  | 25d. LOCATION (City, town, or county) (State) <u>Idaho Falls Idaho</u>  |   |
| DATE REC'D BY LOCAL REG. <u>July 27-1956</u>  |  | REGISTRAR'S SIGNATURE <u>Anna Budgie</u>  |   |
| 26. FEDERAL DIRECTOR <u>Leo A. Williams</u>   |  | ADDRESS <u>Idaho Falls Idaho</u>  |   |

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(1949 Revision of Standard Certificate)

## CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 103

Local Reg. No. 152

Reg. Dist. No. 610

## Division of Vital Statistics

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <b>Bonneville</b>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>Montana</b> b. COUNTY <b>Gallatin</b>   |   |
| b. CITY OR TOWN <b>Idaho Falls</b>   |   | c. CITY OR TOWN <b>West Yellowstone</b>   |   |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sacred Heart Hospital</b>   |   | d. STREET ADDRESS (If rural, give location)   |   |
| 3. CHILD'S NAME<br>(Type or Print) <b>INFANT COOPER</b>  |   |   |   |
| 4. SEX<br><b>Male</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>July 29 1956</b>                     |
| 7. FATHER'S NAME<br>a. (First) <b>Dan</b> b. (Middle) <b>Lewis</b> c. (Last) <b>Cooper</b>   |   | 8. COLOR OR RACE<br><b>White</b>  |   |
| 9. AGE (At time of this birth)<br><b>23</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>Pocatello, Idaho</b>  | 11a. USUAL OCCUPATION<br><b>Bellman</b>   | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>Hotel</b>                                     |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>Marjorie</b> b. (Middle) <b>Fay</b> c. (Last) <b>Madison</b>                                     |   | 13. COLOR OR RACE<br><b>White</b>   |   |
| 14. AGE (At time of this birth)<br><b>23</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>Montana White Sulphur Sprgs.,</b>   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>1</b><br>b. How many children were born alive but are now dead? <b>0</b><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b> |   |
| 17. INFORMANT<br><b>Dan Cooper</b>   |   |   |   |
| 18a. LENGTH OF PREGNANCY<br><b>40</b> WEEKS  | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date   |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><b>Hemorrhage</b>  |   |
|  |   | 20b. MATERNAL CAUSES  |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><b>Vasa Praevia</b>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY   |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.                            | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><b>James P. Carey</b> M. D.                             |   | 23b. DATE SIGNED<br><b>8/2/56</b>   |
|  | 23c. ATTENDANT'S ADDRESS<br><b>Idaho Falls, Idaho</b>   | 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE  |   |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  | 25b. DATE<br><b>Aug. 3, 1956</b>  | 25c. NAME OF CEMETERY OR CREMATORY  | 25d. LOCATION (City, town, or county) (State)<br><b>White Sulphur Springs Montana</b> |
| DATE REC'D BY LOCAL REG.<br><b>Aug. 3-1956</b>   | REGISTRAR'S SIGNATURE<br><b>Beena Budgen</b>  | 26. FUNERAL DIRECTOR ADDRESS<br><b>Orland T. Buck Idaho Falls, Idaho</b>  |   |

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(1949 Revision of Standard Certificate)

State File No. ....  
Local Reg. No. 4.....  
Reg. Dist. No. 362.....

104

Division of Vital Statistics

CERTIFICATE OF STILLBIRTH  
State of Idaho

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY<br><b>Canyon</b>   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE<br><b>Idaho</b>  |   | b. COUNTY<br><b>Canyon</b>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><b>Nampa</b>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><b>Nampa</b>  |   |   |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Mercy Hospital</b>   |   | d. STREET ADDRESS<br><b>219 Banner</b>  |   |   |  |
| 3. CHILD'S NAME<br>(Type or Print)<br><b>JACK ESTES GRANT, JR.</b>   |   |   |   |   |  |
| 4. SEX<br><b>Male</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>July 7, 1956</b> |   |  |
| 7. FATHER'S NAME<br>a. (First)<br><b>Jack</b>  |   | b. (Middle)<br><b>Estes</b>   |   | c. (Last)<br><b>Grant</b>   |  |
| 8. COLOR OR RACE<br><b>White</b>   |   |   |   |   |  |
| 9. AGE (At time of this birth)<br><b>31</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>Nampa, Idaho.</b>   | 11a. USUAL OCCUPATION<br><b>Supervisor King Packing Company</b>   |   | 11b. KIND OF BUSINESS OR INDUSTRY   |  |
| 12. MOTHER'S MAIDEN NAME<br>a. (First)<br><b>Carla</b>   |   | b. (Middle)<br><b>Jean</b>  |   | c. (Last)<br><b>Hughes</b>  |  |
| 13. COLOR OR RACE<br><b>White</b>  |   |   |   |   |  |
| 14. AGE (At time of this birth)<br><b>30</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>Nampa, Idaho</b>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>1</b><br>b. How many children were born alive but are now dead? <b>0</b><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b> |   |   |  |
| 17. INFORMANT<br><i>Carla Grant</i>  |   |   |   |   |  |
| 18a. LENGTH OF PREGNANCY<br><b>18</b> WEEKS  | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date <b>3-21-56</b>  |   |   |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><i>Still born at birth (Prematurity)</i>   |   |   |  |
|  |   | 20b. MATERNAL CAUSES<br><i>Arteriosclerosis (Diabetes before birth)</i>   |   |   |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><i>Blushing more or less last month</i>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><i>None</i>  |   |   |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.                            |   | 23a. ATTENDANT'S SIGNATURE<br><i>[Signature]</i>  |   | 23b. DATE SIGNED<br><b>7-9-56</b>   |  |
|  |   | 23c. ATTENDANT'S ADDRESS<br><i>Nampa</i>  |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><i>[Signature]</i>                              |  |
|  |   | IF NOT attended by physician  |   | TITLE   |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 25b. DATE<br><b>July 9, 1956</b>  | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Kohlerlawn Cemetery</b>  |   | 25d. LOCATION (City, town, or county) (State)<br><b>Nampa, Idaho</b>                    |  |
| DATE REC'D BY LOCAL REG.<br><b>Aug 10, 1956</b>  |   | REGISTRAR'S SIGNATURE<br><i>[Signature]</i>   |   | 26. FUNERAL DIRECTOR<br><i>[Signature]</i><br><b>Alsip Funeral Chapel, Nampa, Idaho</b> |  |





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**CERTIFICATE OF STILLBIRTH**

State of Idaho

State File No. 105

Local Reg. No. 360

Reg. Dist. No. 360

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY Canyon   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE Idaho b. COUNTY Canyon  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN Caldwell, Idaho  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN Wilder   |   |
| c. FULL NAME OF HOSPITAL OR INSTITUTION Caldwell Memorial Hospital   |   | d. STREET ADDRESS (If rural, give location) Rt. 2  |   |
| 3. CHILD'S NAME<br>(Type or Print) Baby Roberson   |   |  |   |
| 4. SEX   | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>   | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br>7 13 56 |
| 7. FATHER'S NAME<br>a. (First) Alvin b. (Middle) James c. (Last) Roberson  |   | 8. COLOR OR RACE N   |   |
| 9. AGE (At time of this birth)<br>34 YEARS   | 10. BIRTHPLACE (State or foreign country)<br>McAlester, Oklahoma  | 11a. USUAL OCCUPATION<br>Farmer  | 11b. KIND OF BUSINESS OR INDUSTRY<br>Self             |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) Alice b. (Middle) Christine c. (Last) Nelson  |   | 13. COLOR OR RACE N  |   |
| 14. AGE (At time of this birth)<br>28 YEARS  | 15. BIRTHPLACE (State or foreign country)<br>Boise, Idaho   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? 3<br>b. How many children were born alive but are now dead? 0<br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1 |   |
| 17. INFORMANT<br>Alvin Roberson  |   |  |   |
| 18a. LENGTH OF PREGNANCY<br>WEEKS  | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | 19. Was a standard serological test for syphilis performed? Yes..... No.....<br>Approximate date   |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br>None.   |   |
|  |   | 20b. MATERNAL CAUSES<br>Premature Separation of Placenta   |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br>Premature Delivery - 5 mos.  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br>None  |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.                                  |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br>Charles E. Krause, M.D.  |   |
| 23c. ATTENDANT'S ADDRESS<br>Caldwell, Idaho  |   | 23b. DATE SIGNED<br>July 12, 1956  |   |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br>Cremation   |   | 25b. DATE<br>7/16/56   |   |
| 25c. NAME OF CEMETERY OR CREMATORY<br>Canyon Hill  |   | 25d. LOCATION (City, town, or county) (State)<br>Caldwell, Idaho   |   |
| DATE REC'D BY LOCAL REG.<br>7/19/56  |   | 26. FUNERAL DIRECTOR<br>Flashiff Funeral Chapel<br>Chas B. Flashiff  |   |
| REGISTRAR'S SIGNATURE<br>Agnes M. Denman   |   |  |   |



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(1949 Revision of Standard Certificate)

## CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. ....

Local Reg. No. ....

Reg. Dist. No. 362

106

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY<br><b>Canyon</b>   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE<br><b>Idaho</b><br>b. COUNTY<br><b>Canyon</b>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><b>Nampa</b>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><b>Nampa</b>  |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)<br><b>Samaritan Hospital</b>  |   | d. STREET ADDRESS (If rural, give location)<br><b>432 1/2 Holly</b>   |  |
| 3. CHILD'S NAME<br>(Type or Print)<br><b>INFANT SON HARRIS</b>   |   |   |  |
| 4. SEX<br><b>Male</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>July 28, 1956</b>     |
| 7. FATHER'S NAME<br>a. (First)<br><b>Roy</b><br>b. (Middle)<br><b>O.</b><br>c. (Last)<br><b>Harris</b>                                     |   | 8. COLOR OR RACE<br><b>White</b>  |  |
| 9. AGE (At time of this birth)<br><b>23</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>Lewiston, Idaho</b>   | 11a. USUAL OCCUPATION<br><b>Student</b>   | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>Northwest Nazarene College</b> |
| 12. MOTHER'S MAIDEN NAME<br>a. (First)<br><b>Arnetta</b><br>b. (Middle)<br>-----<br>c. (Last)<br><b>Franklin</b>                           |   | 13. COLOR OR RACE<br><b>White</b>   |  |
| 14. AGE (At time of this birth)<br><b>27</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>Kansas</b>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living?<br>b. How many children were born alive but are now dead?<br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?<br><b>None</b> <b>None</b> <b>None</b> |  |
| 17. INFORMANT<br><b>Roy O. Harris</b><br><b>Nampa, Idaho</b>   |   |   |  |
| 18a. LENGTH OF PREGNANCY<br>WEEKS  | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | 19. Was a standard serological test for syphilis performed? Yes..... No.....<br><b>Approximate date</b>   |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><b>Premature Separation of Placenta</b>  |  |
|  |   | 20b. MATERNAL CAUSES  |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><b>Premature Separation of Placenta</b>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><b>Cause undetermined</b>  |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>10:15 p. m.</b>                  |   | 23a. ATTENDANT'S SIGNATURE<br><b>E. Mangum Jr. M.D.</b>   | 23b. DATE SIGNED<br><b>7/30/56</b>                                     |
| 23c. ATTENDANT'S ADDRESS<br><b>Nampa, Idaho</b>  |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><b>John F. Alsip Jr.</b>  |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 25b. DATE<br><b>August 1, 1956</b>  | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Kohlerlawn Cemetery</b>  | 25d. LOCATION (City, town, or county) (State)<br><b>Nampa, Idaho</b>   |
| DATE REC'D BY LOCAL REG.<br><b>Aug 18, 1956</b>  |   | 26. FUNERAL DIRECTOR'S ADDRESS<br><b>Alsip Funeral Chapel, Nampa, Idaho</b>   |  |

MINUTE OF MEETING

1951

1951

MINUTE OF MEETING

1951

RECEIVED

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

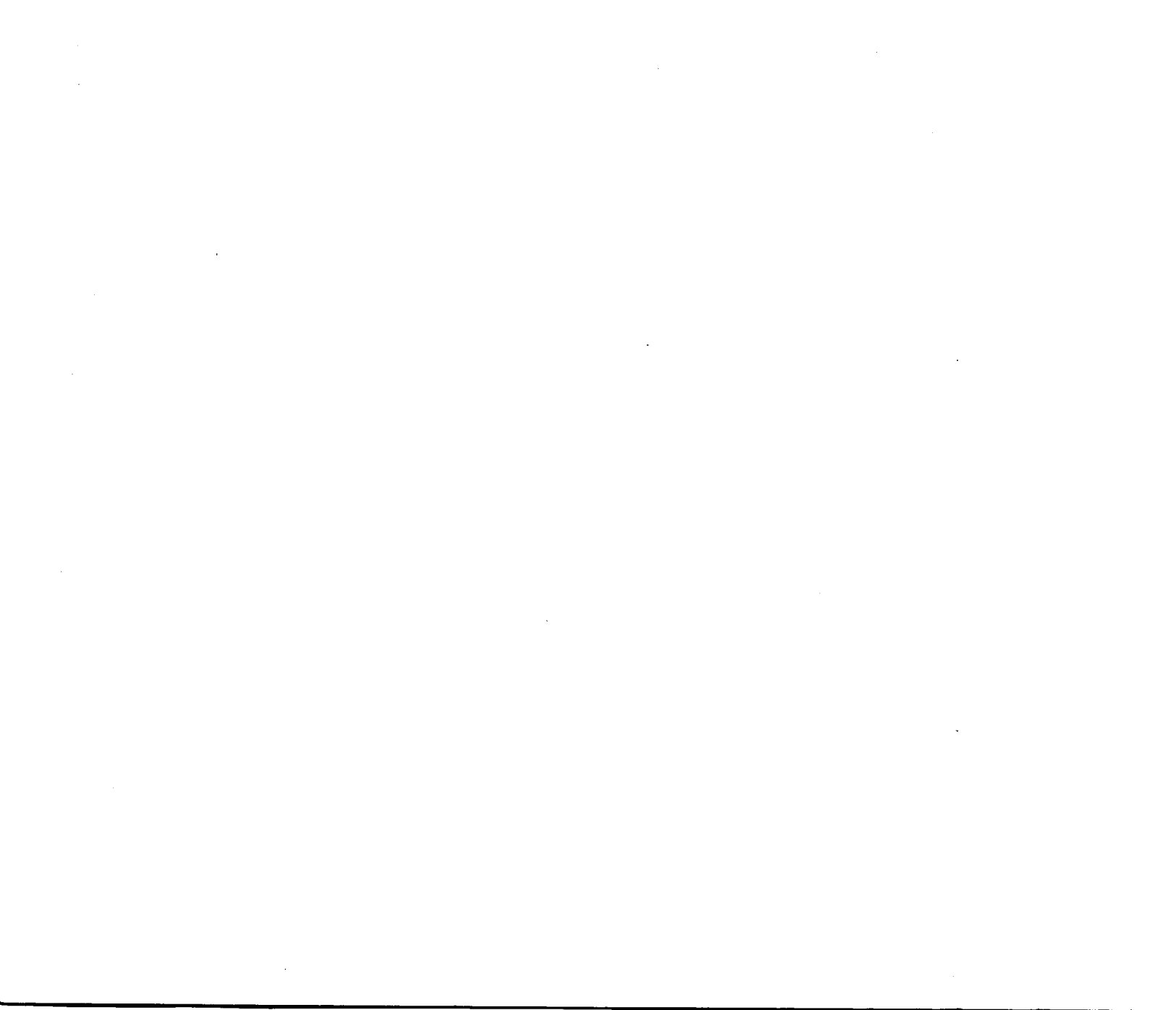
State of Idaho

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. 32-531

107

Division of Vital Statistics

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <u>Caribou</u>   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Caribou</u>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Soda Springs</u>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Soda Springs</u>  |  |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR<br>INSTITUTION <u>Caribou County Hospital</u>  |   | d. STREET ADDRESS (If rural, give location)   |  |
| 3. CHILD'S NAME<br>(Type or Print) <u>EDWIN DOUGLAS JOHNSON</u>  |   |   |  |
| 4. SEX<br><u>Male</u>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>   | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>July 2, 1956</u>        |
| 7. FATHER'S NAME<br>a. (First) <u>Dean</u> b. (Middle) <u>Johnson</u> c. (Last) <u>White</u>   |   | 8. COLOR OR RACE <u>White</u>   |  |
| 9. AGE (At time of this birth)<br><u>23</u> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><u>Georgetown, Idaho</u>   | 11a. USUAL OCCUPATION<br><u>laborer</u>   | 11b. KIND OF BUSINESS OR INDUSTRY<br><u>Farming</u>                      |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Afton</u> b. (Middle) <u>Evon</u> c. (Last) <u>Booth</u>   |   | 13. COLOR OR RACE <u>White</u>  |  |
| 14. AGE (At time of this birth)<br><u>21</u> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><u>Montpelier, Idaho</u>   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>2</u><br>b. How many children were born alive but are now dead? <u>0</u><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u> |  |
| 17. INFORMANT<br><u>Dean Johnson</u>   |   |   |  |
| 18a. LENGTH OF PREGNANCY<br>WEEKS <u>7</u>   | 18b. WEIGHT AT BIRTH<br>LBS. <u>7</u> OZS. <u>0</u>   | 19. Was a standard serological test for syphilis performed? Yes <u>X</u> No <u>.....</u><br>Approximate date <u>July 1, 1956</u>  |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)<br><u>Failed to breathe, Premature separation of placenta</u> |   | 20a. FETAL CAUSES<br><u>Failed to breathe, Premature separation of placenta</u><br>20b. MATERNAL CAUSES<br><u>none</u>  |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><u>Persistent R.O.P.</u>   |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><u>Scissors manual. R.O.P. - L.O.F.</u>  |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>m.</u>   |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><u>Charles C. Johnson, M.D.</u><br>23b. DATE SIGNED<br><u>July 5, 1956</u>  |  |
| 23c. ATTENDANT'S ADDRESS<br><u>Dean, Idaho</u>   |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>Clarence Van Dusen</u><br>TITLE<br><u>Registrar</u>  |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 25b. DATE<br><u>7/5/56</u>  | 25c. NAME OF CEMETERY OR CREMATORY<br><u>Georgetown Cemetery</u>  | 25d. LOCATION (City, town, or county) (State)<br><u>Georgetown Idaho</u> |
| DATE REC'D BY LOCAL REG.<br><u>7-3-56</u>  |   | 26. FUNERAL DIRECTOR'S ADDRESS<br><u>Soda Springs</u>   |  |



RECEIVED

4-18-1956

(1949 Revision of Standard Certificate)  
CERTIFICATE OF STILLBIRTH  
State of Idaho

State File No. 108  
Local Reg. No. 23  
Reg. Dist. No. 380-391

Division of Vital Statistics

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <u>Elmore</u>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Elmore</u>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Mountain Home</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Mountain Home</u>   |  |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR<br>INSTITUTION <u>Elmore Memorial Hospital</u> |   | d. STREET ADDRESS (If rural, give location)<br><u>Mountain Home, Idaho</u>  |  |
| 3. CHILD'S NAME<br>(Type or Print)<br><u>Baby Boy Palat</u>  |   |   |  |
| 4. SEX<br><u>Male</u>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>July 16, 1956</u>           |
| 7. FATHER'S NAME<br>a. (First) <u>Josef</u> b. (Middle) <u>William</u> c. (Last) <u>Palat</u>  |   | 8. COLOR OR RACE<br><u>White</u>  |  |
| 9. AGE (At time of this birth)<br>YEARS  | 10. BIRTHPLACE (State or foreign country)<br><u>Idaho</u>   | 11a. USUAL OCCUPATION<br><u>Christian Minister</u>  | 11b. KIND OF BUSINESS OR INDUSTRY  |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Dorothy</u> b. (Middle) <u>Palat</u> c. (Last) <u>Palat</u>  |   | 13. COLOR OR RACE<br><u>White</u>   |  |
| 14. AGE (At time of this birth)<br>YEARS   | 15. BIRTHPLACE (State or foreign country)<br><u>Oregon</u>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>1</u><br>b. How many children were born alive but are now dead?<br>c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)?   |  |
| 17. INFORMANT<br><u>Josef W. Palat</u>   |   |   |  |
| 18a. LENGTH OF PREGNANCY<br>WEEKS  | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date   |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)         |   | 20a. FETAL CAUSES<br><u>Unknown</u><br>20b. MATERNAL CAUSES<br><u>Preeclampsia (w/ albuminuria &amp; hypertension)</u>  |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><u>Pregnancy: see 20b</u>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><u>none</u>  |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.                                    |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><u>Thomas Schumann M.D.</u><br>23b. DATE SIGNED<br><u>July 16, '56</u><br>23c. ATTENDANT'S ADDRESS<br><u>Mountain Home, Idaho</u><br>24. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>Arthur Smith</u><br>TITLE<br><u>Bey Mortuary, Inc.</u><br><u>Mountain Home, Idaho</u> |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 25b. DATE<br><u>7/17, 1956</u>  | 25c. NAME OF CEMETERY OR CREMATORY<br><u>Mountain View Cemetery</u>   | 25d. LOCATION (City, town, or county) (State)<br><u>Mountain Home, Idaho</u> |
| DATE REC'D BY LOCAL REG.<br><u>7-17-56</u>   | REGISTRAR'S SIGNATURE<br><u>A.E. Anderson</u><br><u>Chickadee dgs</u>   | 26. FUNERAL DIRECTOR<br><u>Arthur Smith</u><br>ADDRESS<br><u>Bey Mortuary, Inc.</u><br><u>Mountain Home, Idaho</u>  |  |



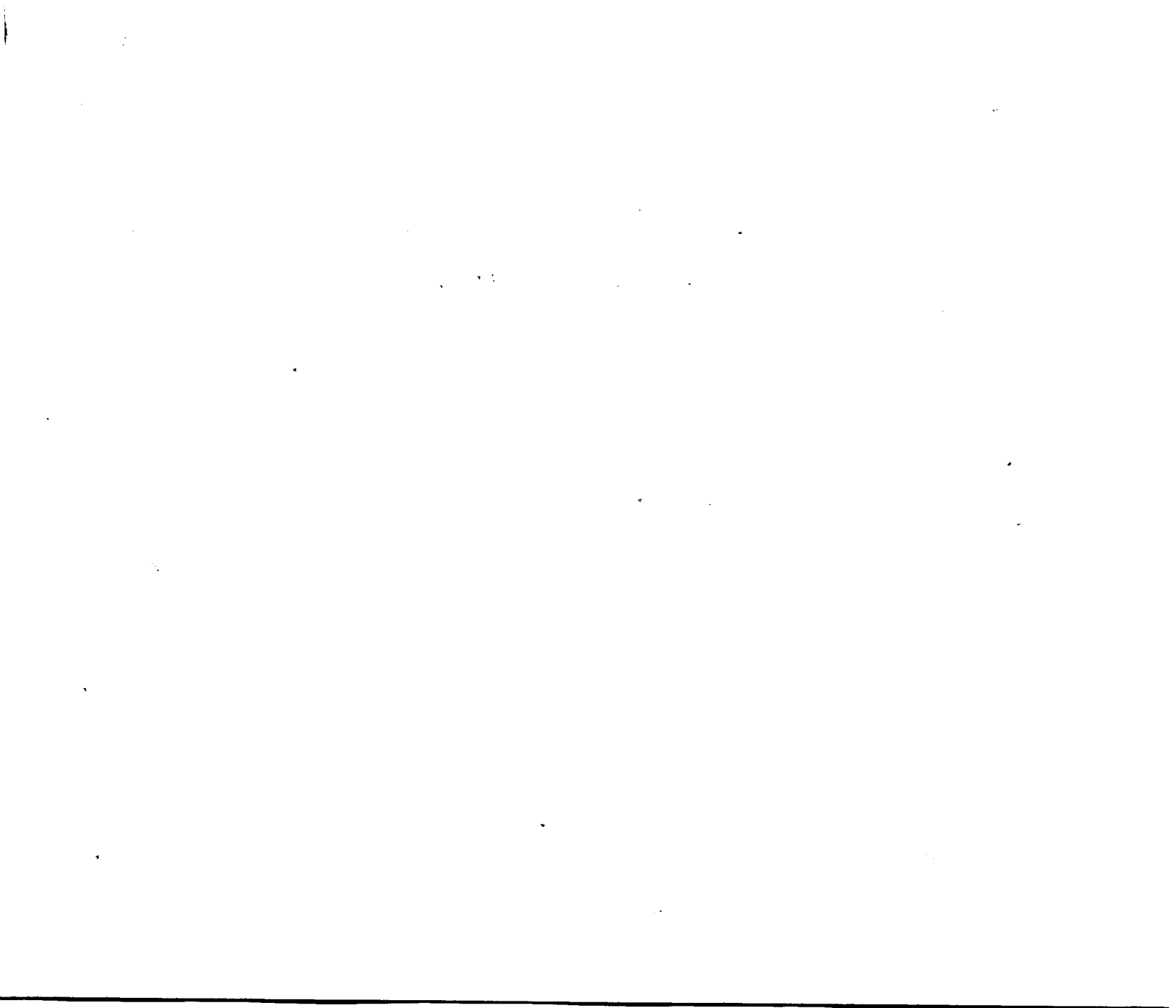


PHS-797(4-48)  
FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE  
**RECEIVED**  
JUL 23 1956

(1949 Revision of Standard Certificate)  
**CERTIFICATE OF STILLBIRTH**  
State of Idaho

State File No. 109  
Local Reg. No. 6572  
Reg. Dist. No. 714

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <b>Gooding</b>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>Idaho</b> b. COUNTY <b>Gooding</b>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Gooding</b>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Gooding</b>   |  |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR<br>INSTITUTION <b>Gooding Mem. Hospital</b> |   | d. STREET ADDRESS (If rural, give location)<br><b>629 3rd av. West.</b>   |  |
| 3. CHILD'S NAME<br>(Type or Print) <b>William James</b>   |   |   |  |
| 4. SEX<br><b>Male</b>   | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>July 15 1956</b>      |
| 7. FATHER'S NAME<br>a. (First) <b>Andrew</b> b. (Middle) <b>Frank</b> c. (Last) <b>James 3rd.</b>   |   | 8. COLOR OR RACE<br><b>White</b>  |  |
| 9. AGE (At time of this birth)<br>YEARS   | 10. BIRTHPLACE (State or foreign country)   | 11a. USUAL OCCUPATION<br><b>Lawyer</b>  | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>Law Office</b>                 |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>Betty</b> b. (Middle) <b>Jane</b> c. (Last) <b>Wolfe</b>  |   | 13. COLOR OR RACE<br><b>White</b>   |  |
| 14. AGE (At time of this birth)<br><b>26</b> YEARS  | 15. BIRTHPLACE (State or foreign country)<br><b>Peoria, Ill.</b>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>1</b><br>b. How many children were born alive but are now dead? <b>None</b><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>None</b> |  |
| 17. INFORMANT<br><b>Andrew James</b>  |   |   |  |
| 18a. LENGTH OF PREGNANCY<br>WEEKS   | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date <b>5-1-1956</b>   |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)      |   | 20a. FETAL CAUSES<br><b>Placental separation of placenta</b>  |  |
| 20b. MATERNAL CAUSES  |   |   |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><b>Hemorrhage</b>   |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><b>Cesarean Section</b>  |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>7 A. m.</b>                           |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><b>F. E. O. Bernick M.D.</b>  |  |
| 23b. DATE SIGNED<br><b>7-17-56</b>  |   | 23c. ATTENDANT'S ADDRESS<br><b>Gooding Ida</b>  |  |
| 23d. SIGNATURE OF AUTHORIZED OFFICIAL<br><b>THOMPSON CHAPEL</b>   |   | TITLE<br><b>GOODING, IDAHO</b>  |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 25b. DATE<br><b>July 17, 1956</b>   | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Elmwood</b>  | 25d. LOCATION (City, town, or county) (State)<br><b>Gooding Idaho.</b> |
| DATE REC'D BY LOCAL REG.<br><b>7-20-56</b>  |   | 26. FUNERAL DIRECTOR<br><b>THOMPSON CHAPEL</b><br>ADDRESS<br><b>GOODING, IDAHO</b>  |  |



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PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY

PUBLIC HEALTH DIVISION of Vital Statistics

JUL 16 1956

(1949 Revision of Standard Certificate)

## CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 110

Local Reg. No. 37

Reg. Dist. No. 240

## 1. PLACE OF STILLBIRTH

a. COUNTY

Idaho

b. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN

Grangeville

c. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

General Hospital

## 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Idaho

c. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN

Grangeville

d. STREET ADDRESS (If rural, give location)  
302 N Idaho

## 3. CHILD'S NAME

((Type or Print))

DANNY

RAE

PARKER

## 4. SEX

Male

## 5a. THIS BIRTH

SINGLE ☒TWIN ☐TRIPLET ☐

## 5b. IF TWIN OR TRIPLET (This child born)

1ST ☐2ND ☐3RD ☐6. DATE OF STILLBIRTH (Month) (Day) (Year)  
July 1 1956

## 7. FATHER'S NAME

a. (First)

Hoarce

b. (Middle)

L

c. (Last)

Parker

## 8. COLOR OR RACE

White

9. AGE (At time of this birth)  
18 YEARS10. BIRTHPLACE (State or foreign country)  
Boise, Idaho11a. USUAL OCCUPATION  
Clerk11b. KIND OF BUSINESS OR INDUSTRY  
Drug Store

## 12. MOTHER'S MAIDEN NAME

a. (First)

Helen

b. (Middle)

Joyce

c. (Last)

Luman

## 13. COLOR OR RACE

White

14. AGE (At time of this birth)  
16 YEARS15. BIRTHPLACE (State or foreign country)  
Spokane, Washington16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)  
a. How many children are now living? None  
b. How many children were born alive but are now dead? None  
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

## 17. INFORMANT

Hoarce L. Parker

18a. LENGTH OF PREGNANCY  
40 WEEKS18b. WEIGHT AT BIRTH  
8 LBS. 6 OZS.19. Was a standard serological test for syphilis performed? Yes. ☒ No. ☐  
Approximate date20a. CAUSE OF STILLBIRTH  
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)Asphyxiation, Intra Uterine  
Cephalo-Pelvic disproportion

## 20b. MATERNAL CAUSES

## 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

Deep Transverse Lie

## 22. STATE ALL OPERATIONS FOR DELIVERY

Episiotomy and Painless Induction

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6:17 A.M.

## 23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

## 23b. DATE SIGNED

## 23c. ATTENDANT'S ADDRESS

If NOT attended by physician

## 24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

## 25b. DATE

July 2, 1956

## 25c. NAME OF CEMETERY OR CREMATORY

Prairieview

## 25d. LOCATION (City, town, or county)

Grangeville, Idaho

(State)

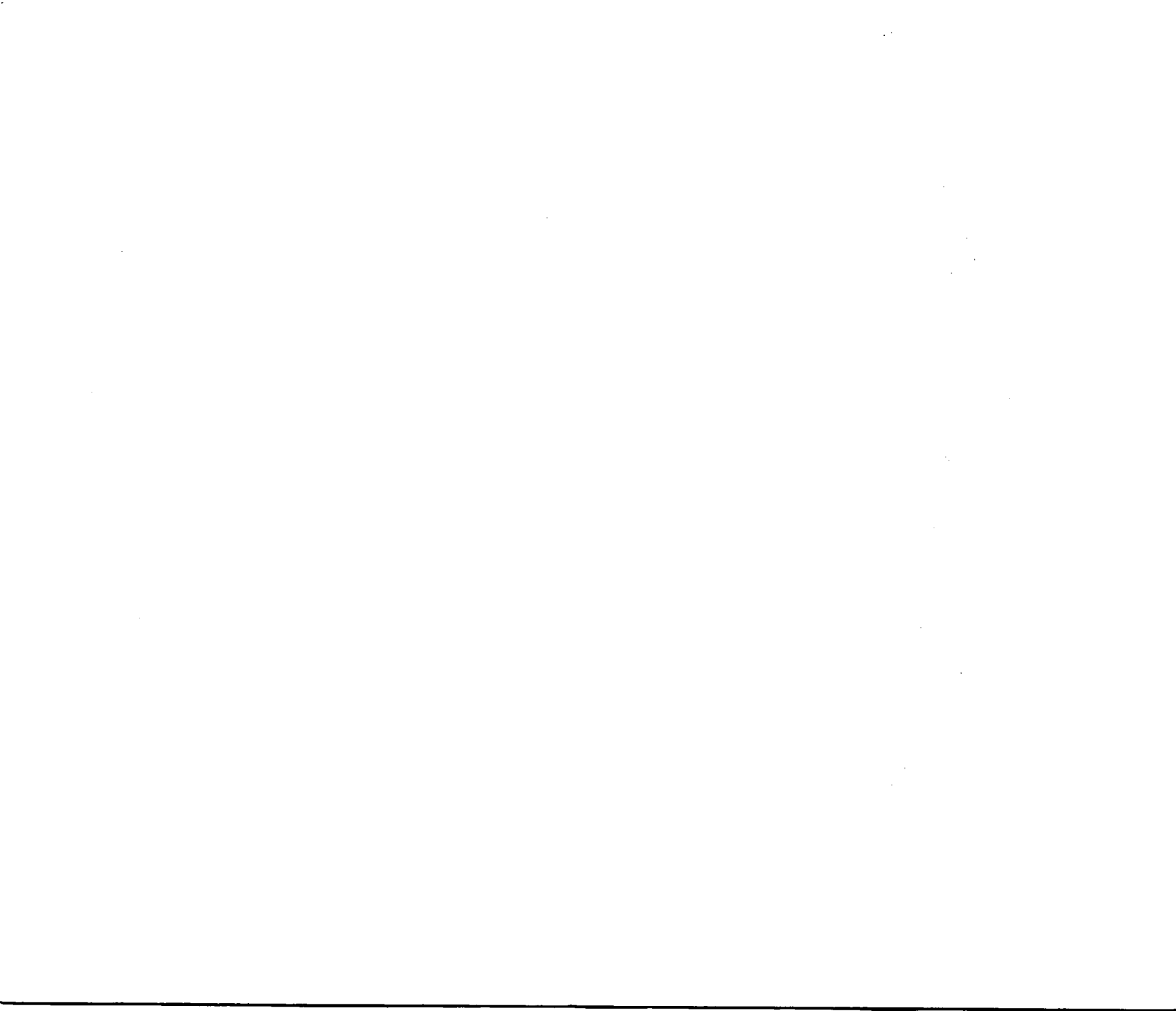
DATE REC'D BY LOCAL REG.

## REGISTRAR'S SIGNATURE

## 26. FUNERAL DIRECTOR

July 2, 1956 Irma Cone

Robert R. Hansen



RECEIVED

(1949 Revision of Standard Certificate)

111

PHS-797(VS)

4-49

JUL 16 1956  
FEDERAL BUREAU OF INVESTIGATION  
PUBLIC HEALTH SERVICE

## CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. ....

Local Reg. No. 38

Reg. Dist. No. 240

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <b>Idaho</b>   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>Idaho</b> b. COUNTY <b>Idaho</b>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Grangeville</b>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Kamiah</b>   |  |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <b>General Hospital</b>    |   | d. STREET ADDRESS (If rural, give location)<br><b>Box 316</b>   |  |
| 3. CHILD'S NAME<br>(Type or Print) <b>PAUL EUGENE RICHARDS</b>   |   |   |  |
| 4. SEX<br><b>Male</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>July 10, 1956</b>   |
| 7. FATHER'S NAME<br>a. (First) <b>Lowell</b> b. (Middle) <b>Edward</b> c. (Last) <b>Richards</b>   |   | 8. COLOR OR RACE<br><b>White</b>  |  |
| 9. AGE (At time of this birth)<br><b>29</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>Brunswick, Missouri</b>   | 11a. USUAL OCCUPATION<br><b>Car Loader</b>  | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>Lumber</b>                   |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>Norma</b> b. (Middle) <b>Katherine</b> c. (Last) <b>Poeschl</b>                                  |   | 13. COLOR OR RACE<br><b>White</b>   |  |
| 14. AGE (At time of this birth)<br><b>27</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>Hamden, Missouri</b>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>1</b><br>b. How many children were born alive but are now dead?<br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? |  |
| 17. INFORMANT<br><b>Lowell Edward Richards</b>   |   |   |  |
| 18a. LENGTH OF PREGNANCY<br>WEEKS  | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date <b>Dec 55</b>   |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><b>Prematurity</b>   |  |
|  |   | 20b. MATERNAL CAUSES<br><b>Prolonged labor &amp; mal presentation</b>   |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><b>Shoulder presentation</b>   |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><b>Podalic version and extraction</b>  |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.                            |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><b>William H Cone M.D.</b>  |  |
| 23b. DATE SIGNED<br><b>11 July 56</b>  |   | 23c. ATTENDANT'S ADDRESS<br><b>Grangeville, Idaho</b>   |  |
| 23d. SIGNATURE OF AUTHORIZED OFFICIAL<br><b>Robert R. Stinson</b>  |   | 23e. TITLE<br><b>Registrar</b>  |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 25b. DATE<br><b>July 2, 1956</b>  | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Kamiah</b>   | 25d. LOCATION (City, town, or county) (State)<br><b>Kamiah Idaho</b> |
| DATE REC'D BY LOCAL REG.<br><b>July 12, 1956</b>   |   | 25. FUNERAL DIRECTOR<br><b>Robert R. Stinson 132 E Main Grangeville, Idaho</b>  |  |



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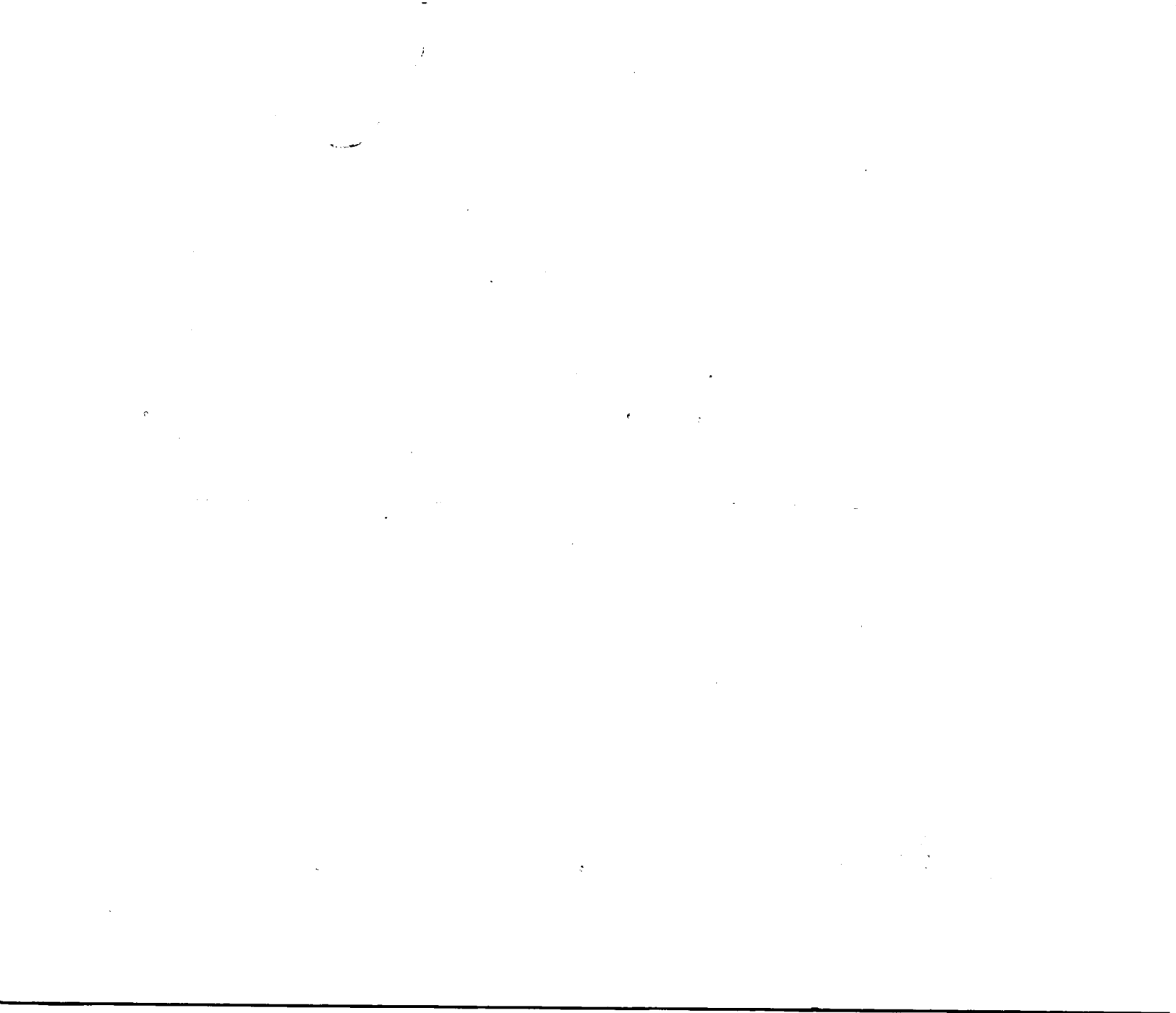
PHS-797 (VS)

FEDERAL BUREAU OF INVESTIGATION  
PUBLIC HEALTH SERVICE

Division of Vital Statistics

(1949 Revision of Standard Certificate)  
CERTIFICATE OF STILLBIRTH  
State of IdahoState File No. 112  
Local Reg. No. 41  
Reg. Dist. No. 240

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <b>IDAHO</b>   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>IDAHO</b> b. COUNTY <b>IDAHO</b>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>GRANGEVILLE</b>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>RIGGINS</b>  |  |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <b>GENERAL</b>             |   | d. STREET ADDRESS (If rural, give location)   |  |
| 3. CHILD'S NAME<br>(Type or Print) <b>MARK STEVEN LE BOEUF,</b>  |   |   |  |
| 4. SEX<br><b>male</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>July 17, 1956</b> |
| 7. FATHER'S NAME<br>a. (First) <b>Eugene LeBoeuf,</b> b. (Middle) c. (Last) <b>LeBoeuf,</b>  |   | 8. COLOR OR RACE<br><b>white</b>  |  |
| 9. AGE (At time of this birth)<br><b>36</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>Ellensburg, Wash.</b>   | 11a. USUAL OCCUPATION<br><b>merchant</b>  | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>General Mase.</b>          |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>Audith</b> b. (Middle) c. (Last) <b>Irwin</b>  |   | 13. COLOR OR RACE<br><b>white</b>   |  |
| 14. AGE (At time of this birth)<br><b>35</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>Payette, Idaho</b>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>3</b><br>b. How many children were born alive but are now dead? <b>0</b><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b> |  |
| 17. INFORMANT<br><b>Eugene Le Boeuf</b>  |   |   |  |
| 18a. LENGTH OF PREGNANCY<br><b>22 WEEKS</b>  | 18b. WEIGHT AT BIRTH<br><b>1 LBS. 4 OZS.</b>  | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date <b>24 April 56</b>  |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><b>None known</b>  |  |
|  |   | 20b. MATERNAL CAUSES<br><b>Premature rupture of membranes.</b>  |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><b>Intermittent bleeding during preg.</b>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><b>None</b>  |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.                            |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><b>Donald Altman M.D.</b>   |  |
|  |   | 23b. DATE SIGNED<br><b>16 July 56</b>   |  |
| 23c. ATTENDANT'S ADDRESS   |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE  |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |   | 25b. DATE<br><b>July 24, 1956</b>   | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Riggins,</b>              |
|  |   | 25d. LOCATION (City, town, or county)<br><b>Riggins,</b>  | (State)<br><b>Idaho</b>  |
| DATE REC'D BY LOCAL REG.<br><b>July 18, 1956</b>   |   | 26. FUNERAL DIRECTOR<br><b>Robertson Funeral Home,</b>  |  |
| REGISTRAR'S SIGNATURE<br><b>Anna Cone</b>  |   | ADDRESS<br><b>Grangeville,</b>  |  |





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(1949 Revision of Standard Certificate)

111-56-0

State File No.

113

## CERTIFICATE OF STILLBIRTH

Local Reg. No.

23

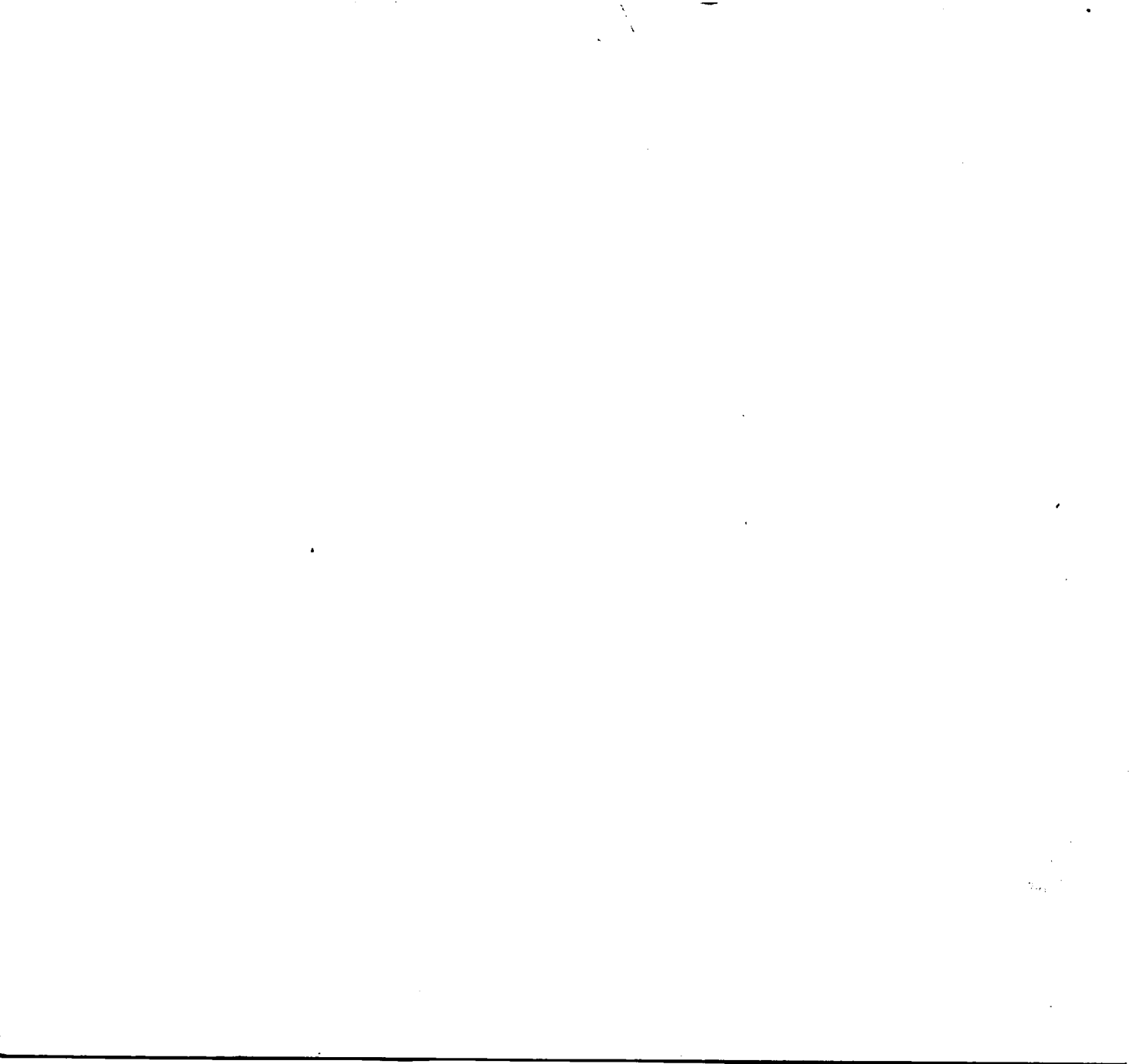
Reg. Dist. No.

240

AUG-6 1956

State of Idaho

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF BIRTH (If outside corporate limits, write RURAL and give township)<br>a. COUNTY <b>Idaho</b><br>b. CITY OR TOWN <b>Grangeville</b><br>c. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hosp.</b> |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>Idaho</b><br>b. COUNTY <b>Idaho</b><br>c. CITY OR TOWN <b>Harpster</b><br>d. STREET ADDRESS (If rural, give location)  |  |
| 3. CHILD'S NAME<br>(Type or Print) <b>Bruce Eugene Hunter</b>  |   |  |  |
| 4. SEX<br><b>Male</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>   | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>July 23 1956</b>              |
| 7. FATHER'S NAME<br>a. (First) <b>Wesley</b><br>b. (Middle) <b>Henry</b><br>c. (Last) <b>Hunter</b>  |   | 8. COLOR OR RACE<br><b>white</b>   |  |
| 9. AGE (At time of this birth)<br><b>30</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>Harpster Idaho</b>  | 11a. USUAL OCCUPATION<br><b>Lift truck operator</b>  | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>Lumber mill</b>                        |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>Mary</b><br>b. (Middle) <b>Helen</b><br>c. (Last) <b>Jones</b>   |   | 13. COLOR OR RACE<br><b>white</b>  |  |
| 14. AGE (At time of this birth)<br><b>27</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>Craigmont Idaho</b>   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>one</b><br>b. How many children were born alive but are now dead? <b>0</b><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b>                      |  |
| 17. INFORMANT<br><b>Wesley Ed Hunter</b>   |   |  |  |
| 18a. LENGTH OF PREGNANCY<br>WEEKS  | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date  |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)   |   | 20a. FETAL CAUSES<br><b>Premature separation of Placenta</b><br>20b. MATERNAL CAUSES<br><b>NONE</b>  |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><b>NONE</b>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><b>Episiotomy</b>   |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.  |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><b>William H. Cone M.D.</b><br>23b. DATE SIGNED<br><b>27 July 56</b><br>23c. ATTENDANT'S ADDRESS<br><b>Grangeville, Ida.</b><br>24. SIGNATURE OF AUTHORIZED OFFICIAL<br><b>Clarence T. Murray</b><br>TITLE<br><b>Public Health Officer</b> |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 25b. DATE<br><b>July 25, 1956</b>   | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Harpster Cem.</b>   | 25d. LOCATION (City, town, or county) (State)<br><b>Harpster, Idaho, Idaho</b> |
| DATE REC'D BY LOCAL REG.<br><b>July 26, 1956</b>   |   | 26. FUNERAL DIRECTOR ADDRESS<br><b>Clarence T. Murray, Grangeville, Idaho.</b>   |  |



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JUL 27 1956

(1949 Revision of Standard Certificate)  
CERTIFICATE OF STILLBIRTH  
State of Idaho

State File No. 114  
Local Reg. No. 3  
Reg. Dist. No. 20

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF BIRTH<br>a. COUNTY <u>Kootenai</u>   |  | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Kootenai</u>                       |  |
| b. CITY OR TOWN <u>Coeur d'Alene</u>   |  | c. CITY OR TOWN <u>Coeur d'Alene</u>  |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake City General Hospital</u>  |  | d. STREET ADDRESS (If rural, give location) <u>208 Eighth St.</u>   |  |
| 3. CHILD'S NAME<br>(Type or Print) <u>Lyle B. Anderson</u>   |  |   |  |
| 4. SEX <u>M</u>  | 5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> | 6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>7-18-1956</u>  |
| 7. FATHER'S NAME<br>a. (First) <u>Lyle Anderson</u>  |  | b. (Middle)   | c. (Last)  |
| 9. AGE (At time of this birth) <u>24</u> YEARS   |  | 10. BIRTHPLACE (State or foreign country) <u>Kellogg Idaho</u>  | 11a. USUAL OCCUPATION <u>Laborer</u>   |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Elizabeth</u>  |  | b. (Middle) <u>R</u>  | c. (Last) <u>Coon</u>  |
| 14. AGE (At time of this birth) <u>21</u> YEARS  |  | 15. BIRTHPLACE (State or foreign country) <u>East Detroit Mich.</u>   |  |
| 17. INFORMANT <u>Lyle Anderson</u>   |  | 13. COLOR OR RACE <u>White</u>  |  |
| 18a. LENGTH OF PREGNANCY WEEKS   |  | 18b. WEIGHT AT BIRTH LBS. OZS.  | 19. Was a standard serological test for syphilis performed? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |  | 20a. FETAL CAUSES <u>Short umbilical cord &amp; premature separation of the placenta</u>  |  |
|  |  | 20b. MATERNAL CAUSES  |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR   |  | 22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>   |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.                            |  | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>[Signature]</u>   |  |
| 23b. DATE SIGNED <u>9/2/56</u>   |  | 24. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u>   |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 25b. DATE <u>7-20-56</u>  | 25c. NAME OF CEMETERY OR CREMATORY <u>Restlawn Memerail</u>  |
| 25d. LOCATION (City, town, or county) (State) <u>Coeur d'Alene, Idaho</u>  |  | 26. FUNERAL DIRECTOR <u>Yates-Morse Funeral Home</u>  |  |
| DATE REC'D BY LOCAL REG. <u>July 25, 1956</u>  |  | REGISTRAR'S SIGNATURE <u>Lorraine K. Brush</u>  |  |



**RECEIVED**

Jul 16 1956

(1949 Revision of Standard Certificate)  
**CERTIFICATE OF STILLBIRTH**  
State of Idaho

115  
State File No. ....  
Local Reg. No. 690  
Reg. Dist. No. ....

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF BIRTH<br>a. COUNTY <u>Lemhi</u>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Lemhi</u>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Salmon</u>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Cobalt</u>   |   |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Steele Memorial Hosp.</u>   |   | d. STREET ADDRESS (If rural, give location)  |   |
| 3. CHILD'S NAME<br>(Type or Print) <u>Baby Girl Lamping</u>  |   |  |   |
| 4. SEX<br><u>Female</u>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>   | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>July 9, 1956</u>     |
| 7. FATHER'S NAME<br>a. (First) <u>Leonard Nelson</u>   |   | b. (Middle) <u>Lamping</u>   | c. (Last) <u>White</u>  |
| 9. AGE (At time of this birth)<br><u>40</u> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><u>Nelson, Montana</u>   | 11a. USUAL OCCUPATION<br><u>Miner</u>  | 11b. KIND OF BUSINESS OR INDUSTRY                                     |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Pearl</u>  |   | b. (Middle) <u>Vadnais</u>   | c. (Last) <u>White</u>  |
| 14. AGE (At time of this birth)<br><u>40</u> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><u>Kilgore, Idaho</u>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>none</u><br>b. How many children were born alive but are now dead? <u>none</u><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u> |   |
| 17. INFORMANT<br><u>Leonard N. Lamping</u>   |   |  |   |
| 18a. LENGTH OF PREGNANCY<br>WEEKS  | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | 19. Was a standard serological test for syphilis performed? Yes <u>2-8-56</u> No   |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><u>obstruction of cord</u><br>20b. MATERNAL CAUSES  |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR   |   | 22. STATE ALL OPERATIONS FOR DELIVERY  |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.                            |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><u>J. R. Mulder M.D.</u><br>23b. DATE SIGNED<br><u>7-11-56</u>   |   |
| 23c. ATTENDANT'S ADDRESS<br><u>Salmon, Ida.</u>  |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>Delbert C. Jones</u><br>TITLE   |   |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 25b. DATE<br><u>7-11-56</u>   | 25c. NAME OF CEMETERY OR CREMATORY<br><u>Salmon</u>  | 25d. LOCATION (City, town, or county) (State)<br><u>Salmon, Idaho</u> |
| DATE REC'D BY LOCAL REG.<br><u>7-12-56</u>   | REGISTRAR'S SIGNATURE<br><u>Karla E. Johnson</u>  | 26. FUNERAL DIRECTOR<br><u>Delbert C. Jones</u><br>ADDRESS<br><u>Salmon, Idaho</u>   |   |



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1956

*Stillborn*  
(1949 Revision of Standard Certificate)  
CERTIFICATE OF STILLBIRTH  
State of Idaho

116  
State File No.....  
Local Reg. No. 27  
Reg. Dist. No. 4.00

Division of Vital Statistics

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <u>Minidoka</u>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Minidoka</u>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Rupert</u>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Rupert</u>   |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rupert General Hosp.</u>  |   | d. STREET ADDRESS (If rural, give location)<br><u>Rupert Idaho</u>   |  |
| 3. CHILD'S NAME<br>(Type or Print) <u>DEBORA ANN REICHERT</u>  |   |  |  |
| 4. SEX<br><u>F</u>   | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>   | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>July 3 56</u>       |
| 7. FATHER'S NAME<br>a. (First) <u>Morvin</u> b. (Middle) <u>Reichert</u> c. (Last) <u>Reichert</u>   |   | 8. COLOR OR RACE   |  |
| 9. AGE (At time of this birth)<br><u>23</u> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><u>South Dakota</u>  | 11a. USUAL OCCUPATION<br><u>Garage man</u>   | 11b. KIND OF BUSINESS OR INDUSTRY<br><u>Auto Repair</u>              |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Verla</u> b. (Middle) <u>Luedean</u> c. (Last) <u>Plocher</u>                                    |   | 13. COLOR OR RACE<br><u>W.</u>   |  |
| 14. AGE (At time of this birth)<br><u>19</u> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><u>Rupert Idaho</u>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>none</u><br>b. How many children were born alive but are now dead? <u>none</u><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u> |  |
| 17. INFORMANT<br><u>Morvin Reichert</u>  |   |  |  |
| 18a. LENGTH OF PREGNANCY<br>WEEKS  | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | 19. Was a standard serological test for syphilis performed? Yes..... No.....<br>Approximate date   |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><u>Still birth 2 month premature</u><br>20b. MATERNAL CAUSES<br><u>Cause not known</u>  |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR   |   | 22. STATE ALL OPERATIONS FOR DELIVERY  |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.                            |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><u>Clara Shaw MD</u><br>23b. DATE SIGNED<br><u>7-3-56</u><br>23c. ATTENDANT'S ADDRESS<br>If NOT attended by physician<br>24. SIGNATURE OF AUTHORIZED OFFICIAL<br>TITLE   |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 25b. DATE<br><u>7-3-56</u>  | 25c. NAME OF CEMETERY OR CREMATORY<br><u>Rupert Cemetery</u>   | 25d. LOCATION (City, town, or county) (State)<br><u>Rupert Idaho</u> |
| DATE REC'D BY LOCAL REG.<br><u>7-3-56</u>  | REGISTRAR'S SIGNATURE<br><u>Mary Ellen Carson</u>   | 26. FUNERAL DIRECTOR<br><u>Joseph H. Miller</u><br>ADDRESS<br><u>Rupert</u>  |  |





## CERTIFICATE OF STILLBIRTH

State of Idaho

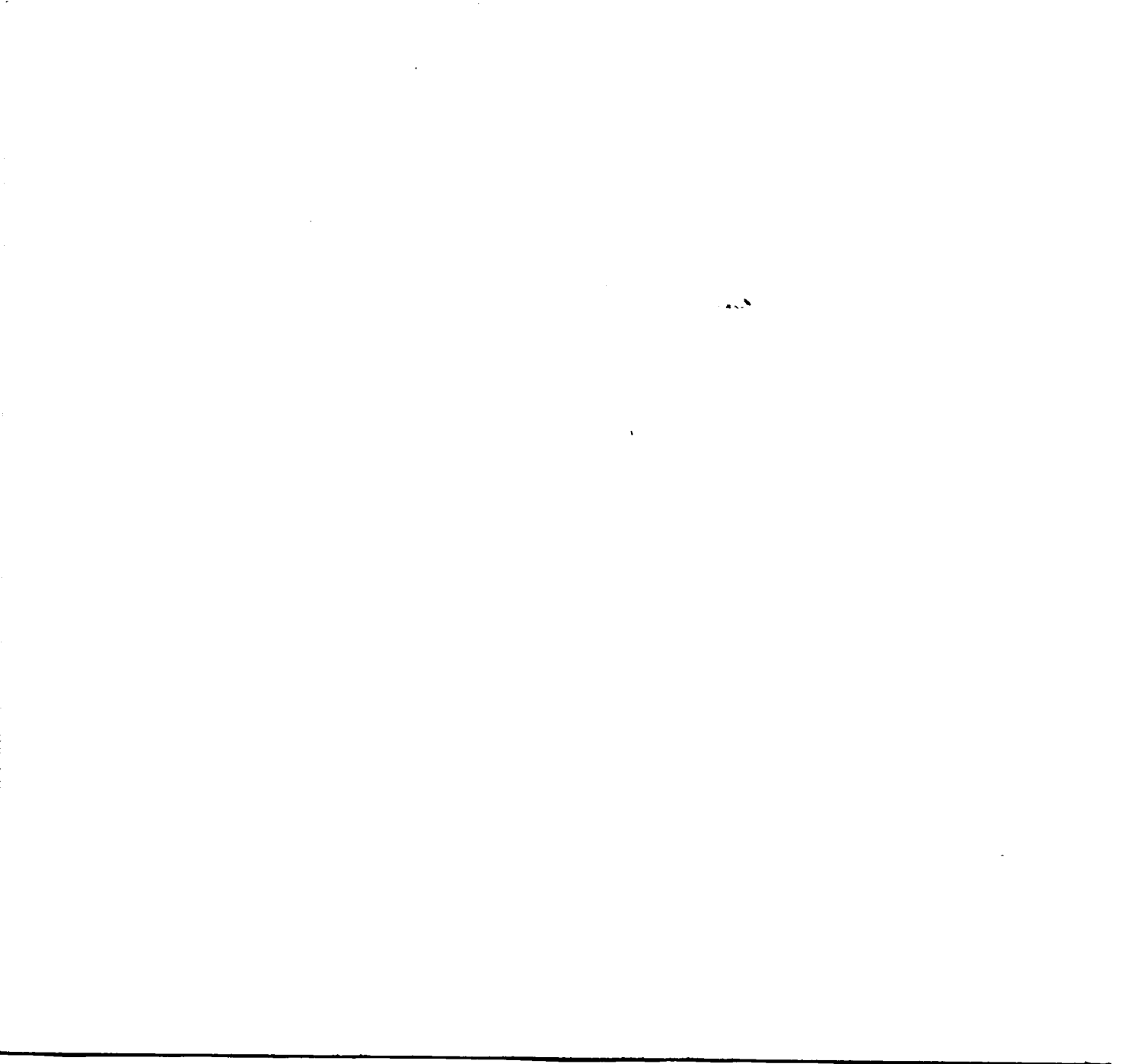
111-560

117

State File No. ....

Local Reg. No. 2Reg. Dist. No. 500

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <b>Power</b>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>Idaho</b> b. COUNTY <b>Bingham</b>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>American Falls</b>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Aberdeen, Rural</b>   |  |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR<br>INSTITUTION <b>Schiltz Memorial Hospital</b> |   | d. STREET ADDRESS (If rural, give location)<br><b>1 1/2 mile South</b>  |  |
| 3. CHILD'S NAME<br>(Type or Print) <b>Baby Palmer</b>   |   |   |  |
| 4. SEX<br><b>Female</b>   | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>July 24 1956</b>                |
| 7. FATHER'S NAME<br>a. (First) <b>James</b> b. (Middle) <b>William</b> c. (Last) <b>Palmer</b>  |   | 8. COLOR OR RACE<br><b>White</b>  |  |
| 9. AGE (At time of this birth)<br><b>41</b> YEARS   | 10. BIRTHPLACE (State or foreign country)<br><b>Malad, Idaho</b>  | 11a. USUAL OCCUPATION<br><b>Farmer</b>  | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>Farm</b>                                 |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>Elnore</b> b. (Middle) <b>Rose</b> c. (Last) <b>Jackson</b>   |   | 13. COLOR OR RACE<br><b>White</b>   |  |
| 14. AGE (At time of this birth)<br><b>35</b> YEARS  | 15. BIRTHPLACE (State or foreign country)<br><b>Oxford, Idaho</b>   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>2</b><br>b. How many children were born alive but are now dead? <b>1</b><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>2</b> |  |
| 17. INFORMANT<br><b>James W. Palmer</b>   |   |   |  |
| 18a. LENGTH OF PREGNANCY<br><b>26</b> WEEKS   | 18b. WEIGHT AT BIRTH<br><b>1</b> LBS. <b>6</b> OZS.   | 19. Was a standard serological test for syphilis performed? Yes... <input checked="" type="checkbox"/> No... <input type="checkbox"/><br>Approximate date <b>Apr 28, 1956</b>   |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)          |   | 20a. FETAL CAUSES<br><b>Anoxia</b>  |  |
|   |   | 20b. MATERNAL CAUSES<br><b>Premature Separation of Placenta</b>   |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><b>Premature Separation of Placenta</b>   |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><b>none</b>  |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>5:35 p.m.</b>                             |   | 23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other)<br><b>D. Henry Rock, M.D.</b>   |  |
| 23b. DATE SIGNED<br><b>7-25-56</b>  |   | 23c. ATTENDANT'S ADDRESS<br><b>American Falls, Ida</b>  |  |
| 23d. SIGNATURE OF AUTHORIZED OFFICIAL<br><b>Davis Mortuary</b>  |   | 23e. TITLE<br><b>ADDRESS</b>  |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 25b. DATE<br><b>July 25, 1956</b>   | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Aberdeen Cemetery</b>  | 25d. LOCATION (City, town, or county) (State)<br><b>Aberdeen, Bingham, Idaho</b> |
| DATE REC'D BY LOCAL REG.<br><b>July 25-1956</b>   |   | 26. FUNERAL DIRECTOR<br><b>Davis Mortuary, American Falls, Idaho</b>  |  |



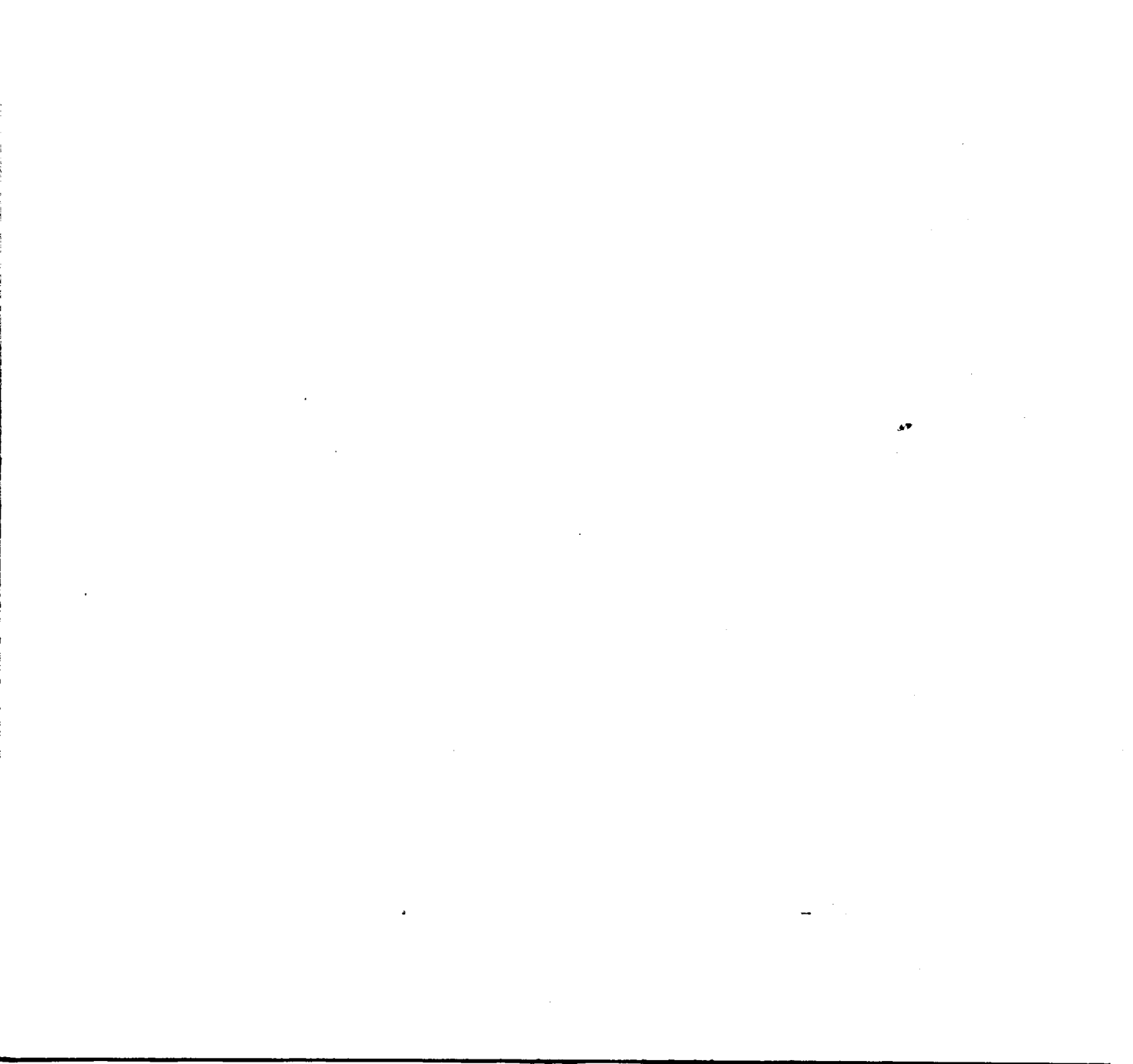
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4-48  
FEDERAL BUREAU OF INVESTIGATION  
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)  
**CERTIFICATE OF STILLBIRTH**  
**State of Idaho**

State File No. ....  
Local Reg. No. 181  
Reg. Dist. No. 460

**Division of Vital Statistics**

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <u>Twin Falls</u>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Twin Falls</u>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Twin Falls</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Twin Falls</u>   |   |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Magic Valley Memorial</u>   |   | d. STREET ADDRESS (If rural, give location)<br><u>1207 10th Ave East</u>  |   |
| 3. CHILD'S NAME<br>(Type or Print) <u>Baby Girl Crow</u>   |   |   |   |
| 4. SEX<br><u>Female</u>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>7 18 56</u>              |
| 7. FATHER'S NAME<br>a. (First) <u>Wayne</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Crow</u>  |   | 8. COLOR OR RACE<br><u>White</u>  |   |
| 9. AGE (At time of this birth)<br><u>27</u> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><u>Twin Falls</u>  | 11a. USUAL OCCUPATION<br><u>accountant</u>  | 11b. KIND OF BUSINESS OR INDUSTRY<br><u>C.P.A.</u>                        |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Salares</u> b. (Middle) <u>Jean</u> c. (Last) <u>Yark</u>  |   | 13. COLOR OR RACE<br><u>White</u>   |   |
| 14. AGE (At time of this birth)<br><u>26</u> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><u>New Mexico</u>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>None</u><br>b. How many children were born alive but are now dead? <u>None</u><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>2</u> |   |
| 17. INFORMANT<br><u>Copied from admission sheet</u>  |   |   |   |
| 18a. LENGTH OF PREGNANCY<br><u>20 WEEKS</u>  | 18b. WEIGHT AT BIRTH<br>LBS. <u>8 3/4</u> OZS. <u>4</u>   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date   |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><u>Circumvallate Placenta</u>  |   |
|  |   | 20b. MATERNAL CAUSES<br><u>Premature Rupture of Membranes</u>   |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><u>None</u>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><u>None</u>  |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>6:50 Am.</u>                     |   | 23a. ATTENDANT'S SIGNATURE<br><u>Douglas H. Chair M.D.</u>  | 23b. DATE SIGNED<br><u>7/18/56</u>  |
| 23c. ATTENDANT'S ADDRESS<br><u>Twin Falls, Idaho</u>   |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>J. W. Woodson</u> TITLE  |   |
| 25a. <del>PREPARE</del> CREMATION RECORD (Specify)   | 25b. DATE<br><u>7-18-56</u>   | 25c. NAME OF CEMETERY OR CREMATORY<br><u>Magic Valley Memorial Hosp.</u>  | 25d. LOCATION (City, town, or county) (State)<br><u>Twin Falls, Idaho</u> |
| DATE REC'D BY LOCAL REG.<br><u>JUL 25 1956</u>   | REGISTRAR'S SIGNATURE<br><u>Lenora O. Loman</u>   | 26. FUNERAL DIRECTOR<br><u>J. W. Woodson</u> ADDRESS  |   |



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FEDERAL SECURITY AGENCY

PUBLIC HEALTH DIVISION OF Vital Statistics

SEP 10 1956

(1949 Revision of Standard Certificate)

## CERTIFICATE OF STILLBIRTH

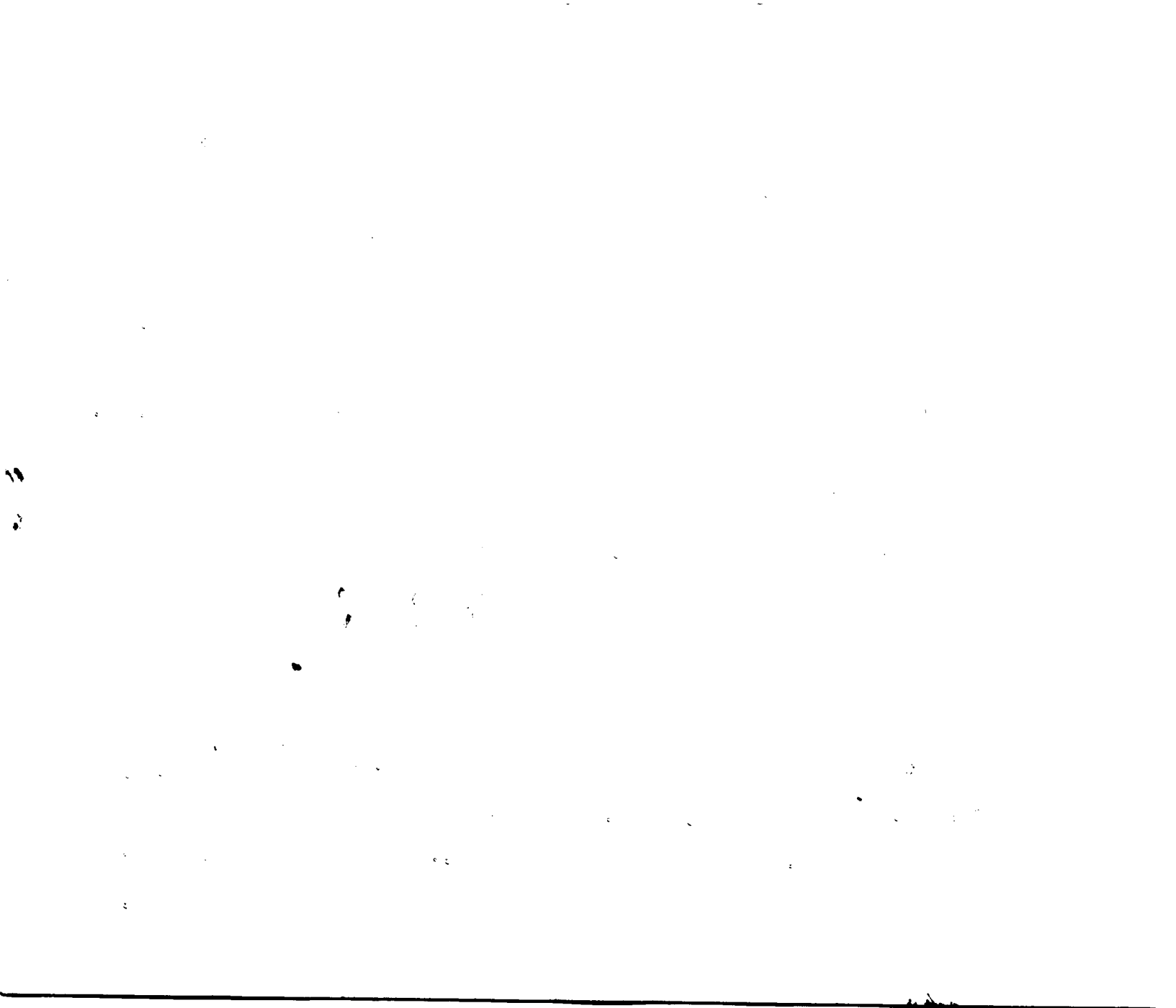
State of Idaho

State File No. 3719

Local Reg. No. 671

Reg. Dist. No. 671

|  |   |   |   |  |  |
|--|---|---|---|--|--|
| 1. PLACE OF STILLBIRTH   |   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)  |  |  |
| a. COUNTY Bingham  |   |   | a. STATE Idaho b. COUNTY Bingham  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot, (rural)  |   |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moreland                                     |  |  |
| c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bingham Memorial Hospital     |   |   | d. STREET ADDRESS (If rural, give location) P.O. Box 86   |  |  |
| 3. CHILD'S NAME<br>(Type or Print) GLENNA JEAN DAWSON  |   |   |   |  |  |
| 4. SEX<br>Female   | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>                                   | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br>August 31, 1956   |  |  |
| 7. FATHER'S NAME<br>a. (First) Glenn b. (Middle) Russell c. (Last) Dawson  |   | 8. COLOR OR RACE<br>White   |   |  |  |
| 9. AGE (At time of this birth)<br>37 YEARS   | 10. BIRTHPLACE (State or foreign country)<br>Idaho  | 11a. USUAL OCCUPATION<br>Maintainance Opp.  | 11b. KIND OF BUSINESS OR INDUSTRY<br>Phillips Pet. Co. (AEC)  |  |  |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) Mabel b. (Middle) Myrtle c. (Last) McCauley   |   | 13. COLOR OR RACE<br>White  |   |  |  |
| 14. AGE (At time of this birth)<br>35 YEARS  | 15. BIRTHPLACE (State or foreign country)<br>Idaho  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)   |   |  |  |
|  |   | a. How many children are now living?<br>3   | b. How many children were born alive but are now dead?<br>None  | c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?<br>One |  |
| 17. INFORMANT<br>Glenn R Dawson Father Moreland, Idaho   |   |   |   |  |  |
| 18a. LENGTH OF PREGNANCY<br>WEEKS  | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date February 1956 |   |  |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br>None   |   |  |  |
|  |   | 20b. MATERNAL CAUSES<br>Premature Separation of Placenta  |   |  |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br>Premature Separation Placenta hemorrhage - none                                      |   |   | 22. STATE ALL OPERATIONS FOR DELIVERY   |  |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:30 P. m.                         |   |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br>M.D.<br>23c. ATTENDANT'S ADDRESS<br>Blackfoot, Idaho. |  | 23b. DATE SIGNED<br>Sept. 1, 1956  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  |   |   | 25b. DATE<br>Sept. 3, 1956  | 25c. NAME OF CEMETERY OR CREMATORY<br>Riverside-Thomas Cem.                            | 25d. LOCATION (City, town, or county) (State)<br>Rt. 2 Blackfoot, Idaho. |
| DATE REC'D BY LOCAL REG<br>Sept. 3-1956  |   | REGISTRAR'S SIGNATURE<br>Mrs. Eleanor E. R... John C. Sandberg  |   | 26. FUNERAL DIRECTOR<br>ADDRESS<br>Blackfoot, Idaho                                    |  |



Bingham

PHS-797 (VS)  
4-48  
FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE

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JUN 21 1956

(1949 Revision of Standard Certificate)  
CERTIFICATE OF STILLBIRTH  
State of IdahoState File No. 120  
Local Reg. No. 167  
Reg. Dist. No. 610

## Division of Vital Statistics

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <u>Donnoville</u>  |   | 2. USUAL RESIDENCE OF MOTHER (When mother lives)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Donnoville</u>   |  |
| b. CITY OR TOWN <u>Idaho Falls</u>   |   | c. CITY OR TOWN <u>Idaho Falls</u>  |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>L.D.S. Hospital</u>   |   | d. STREET ADDRESS (If rural, give location) <u>927 Canyon - st.</u>   |  |
| 3. CHILD'S NAME<br>(Type or Print) <u>Byron D. Lloyd</u>   |   |   |  |
| 4. SEX<br><u>Male</u>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>August 8, 1956</u>        |
| 7. FATHER'S NAME<br>a. (First) <u>Weldon</u> b. (Middle) <u>H.</u> c. (Last) <u>Lloyd</u>  |   | 8. COLOR OR RACE<br><u>White</u>  |  |
| 9. AGE (At time of this birth)<br><u>34</u> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><u>Oxford, Idaho</u>   | 11a. USUAL OCCUPATION<br><u>Taxi Driver</u>   | 11b. KIND OF BUSINESS OR INDUSTRY  |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Fern</u> b. (Middle) <u>Ethel</u> c. (Last) <u>Pedersen</u>                                      |   | 13. COLOR OR RACE<br><u>White</u>   |  |
| 14. AGE (At time of this birth)<br><u>30</u> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><u>Idaho - Idaho</u>   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>2</u><br>b. How many children were born alive but are now dead?<br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? |  |
| 17. INFORMANT<br><u>Weldon H. Lloyd</u>  |   |   |  |
| 18a. LENGTH OF PREGNANCY<br>WEEKS  | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | 19. Was a standard serological test for syphilis performed? Yes..... No.....<br>Approximate date  |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><u>Asphyxia Neonatorum</u><br>20b. MATERNAL CAUSES<br><u>None</u>  |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><u>Post. maturity</u>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><u>None</u>  |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.                            |   | 23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other)<br><u>J. Bingham M.D.</u><br>23b. DATE SIGNED<br><u>Aug. 9, 1956</u>  |  |
| 23c. ATTENDANT'S ADDRESS<br><u>2</u>   |   | IF NOT attended by physician<br>24. SIGNATURE OF AUTHORIZED OFFICIAL<br>TITLE   |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 25b. DATE<br><u>Aug 9, 1956</u>   | 25c. NAME OF CEMETERY OR CREMATORY<br><u>Rosehill Cemetery</u>  | 25d. LOCATION (City, town, or county) (State)<br><u>Idaho Falls, Idaho</u> |
| DATE REC'D BY LOCAL REG.<br><u>Aug. 13-56</u>  | REGISTRAR'S SIGNATURE<br><u>Lena Budjia</u>   | 26. FUNERAL DIRECTOR<br><u>Doyle Williams</u> ADDRESS<br><u>Idaho Falls</u>   |  |





SEP-4-1956

PHS-797(VS)  
4-48Division of Vital Statistics  
FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

## CERTIFICATE OF STILLBIRTH

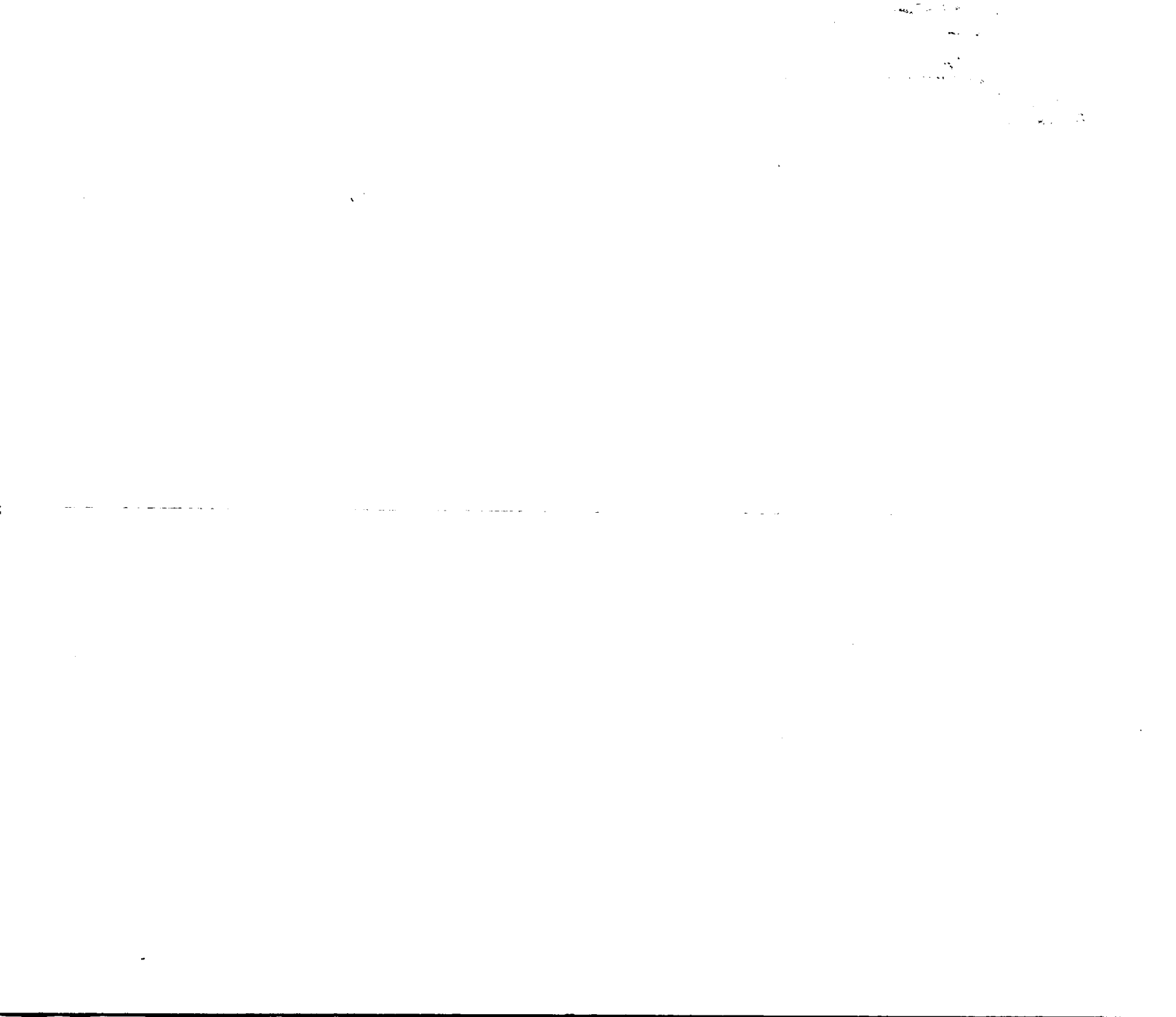
State of Idaho

State File No. 3821

Local Reg. No. 360

Reg. Dist. No. 360

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <u>Canyon</u>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Canyon</u>   |  |
| b. CITY OR TOWN <u>Caldwell</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thilder</u>   |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Caldwell Memorial</u>   |   | d. STREET ADDRESS (If rural, give location) <u>Labor Camp</u>   |  |
| 3. CHILD'S NAME<br>(Type or Print) <u>Jose Gonzales</u>  |   |   |  |
| 4. SEX <u>male</u>   | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>   | 6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Aug 19 - 1956</u>    |
| 7. FATHER'S NAME<br>a. (First) <u>Ramon</u> b. (Middle) <u>C.</u> c. (Last) <u>Gonzales</u>  |   | 8. COLOR OR RACE <u>Mex</u>   |  |
| 9. AGE (At time of this birth) <u>35</u> YEARS   | 10. BIRTHPLACE (State or foreign country) <u>San Antonio Tex</u>  | 11a. USUAL OCCUPATION <u>Laborer</u>  | 11b. KIND OF BUSINESS OR INDUSTRY <u>Farmers</u>                   |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Elvira</u> b. (Middle) <u>-</u> c. (Last) <u>Padilla</u>   |   | 13. COLOR OR RACE <u>Mex</u>  |  |
| 14. AGE (At time of this birth) <u>37</u> YEARS  | 15. BIRTHPLACE (State or foreign country) <u>Clifton Arizona</u>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>2</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>2</u> |  |
| 17. INFORMANT <u>Ramon Gonzales</u> <u>Father</u><br><u>Mother</u>   |   |   |  |
| 18a. LENGTH OF PREGNANCY <u>40</u> WEEKS   | 18b. WEIGHT AT BIRTH <u>5</u> LBS. <u>13</u> OZS.   | 19. Was a standard serological test for syphilis performed? Yes..... No. <input checked="" type="checkbox"/>  |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES <u>Asphyxia - intracranial</u>  |  |
|  |   | 20b. MATERNAL CAUSES <u>miscarriage</u>   |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>   |   | 22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>   |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>2 a</u> m.                       |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>R. N. Swann</u>   | 23b. DATE SIGNED <u>8-20-56</u>                                    |
| 23c. ATTENDANT'S ADDRESS <u>Hammer St</u>  |   | If NOT attended by physician  | 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE                         |
| 25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  | 25b. DATE <u>8/26/56</u>  | 25c. NAME OF CEMETERY OR CREMATORY <u>Canyon Hill</u>   | 25d. LOCATION (City, town, or county) (State) <u>Caldwell, Ida</u> |
| DATE REC'D BY LOCAL REG. <u>8-28-56</u>  | REGISTRAR'S SIGNATURE <u>Agnes M. Denman</u>  | 26. FUNERAL DIRECTOR ADDRESS <u>Lauff Funeral Chapel</u>  |  |



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(1949 Revision of Standard Certificate)

## CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 122

Local Reg. No. 6

Reg. Dist. No. 36.2

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY Canyon   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE Idaho b. COUNTY Canyon  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN Nampa  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN Nampa  |   |
| c. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital   |   | d. STREET ADDRESS (If rural, give location)<br>327 1st Street North  |   |
| 3. CHILD'S NAME<br>(Type or Print) SYLVIA DENISE WILLIAMS  |   |  |   |
| 4. SEX<br>Female   | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>   | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br>August 4, 1956  |
| 7. FATHER'S NAME<br>a. (First) Doyal b. (Middle) E. c. (Last) Williams   |   | 8. COLOR OR RACE<br>White  |   |
| 9. AGE (At time of this birth)<br>26 YEARS   | 10. BIRTHPLACE (State or foreign country)<br>Gainesville, Texas   | 11a. USUAL OCCUPATION<br>Laborer   | 11b. KIND OF BUSINESS OR INDUSTRY<br>Yoder's Produce Co.      |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) Mattie b. (Middle) Lou c. (Last) Brown  |   | 13. COLOR OR RACE<br>White   |   |
| 14. AGE (At time of this birth)<br>26 YEARS  | 15. BIRTHPLACE (State or foreign country)<br>Temple, Texas  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? 2<br>b. How many children were born alive but are now dead?<br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? |   |
| 17. INFORMANT<br>Doyal E Williams  |   |  |   |
| 18a. LENGTH OF PREGNANCY<br>WEEKS  | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | 19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/><br>Approximate date 8-6-56 ON MOTHER. neg.   |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br>Premature Separation of Placenta<br>20b. MATERNAL CAUSES  |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br>none   |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br>none  |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:45 P. m.                         |   | 23a. ATTENDANT'S SIGNATURE<br>(Specify if M. D., midwife, or other)<br>Samuel A. Swaine M.D.<br>23b. DATE SIGNED<br>8-6-56<br>23c. ATTENDANT'S ADDRESS<br>Nampa, Idaho<br>23d. SIGNATURE OF AUTHORIZED OFFICIAL<br>TITLE<br>Alsip Funeral Chapel, Nampa, Idaho |   |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  | 25b. DATE<br>August 7, 1956   | 25c. NAME OF CEMETERY OR CREMATORY<br>Kohlerlawn Cemetery  | 25d. LOCATION (City, town, or county) (State)<br>Nampa, Idaho |
| DATE REC'D BY LOCAL REG.<br>Aug 18, 1956   | REGISTRAR'S SIGNATURE<br>Margaret Steck   | 26. FUNERAL DIRECTOR<br>ADDRESS<br>Alsip Funeral Chapel, Nampa, Idaho  |   |



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PHS-797(VS)

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FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE

AUG 23 1956

(1949 Revision of Standard Certificate)

Division of Vital Statistics

## CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 123

Local Reg. No. 5

Reg. Dist. No. 34.2

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <b>Canyon</b>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>Idaho</b> b. COUNTY <b>Canyon</b>   |  |
| b. CITY OR TOWN <b>Nampa</b>   |   | c. CITY OR TOWN <b>Nampa</b>  |  |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <b>Samaritan Hospital</b>  |   | d. STREET ADDRESS (If rural, give location)<br><b>203 Lone Star Road</b>  |  |
| 3. CHILD'S NAME<br>(Type or Print) <b>INFANT DAUGHTER EWING</b>  |   |   |  |
| 4. SEX<br><b>fem.</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>August 13, 1956</b> |
| 7. FATHER'S NAME<br>a. (First) <b>Raymond</b> b. (Middle) <b>E.</b> c. (Last) <b>Ewing, Jr.</b>  |   | 8. COLOR OR RACE<br><b>white</b>  |  |
| 9. AGE (At time of this birth)<br><b>25</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>Boise, Idaho</b>  | 11a. USUAL OCCUPATION<br><b>Operator</b>  | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>Service Station</b>          |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>Ardeth</b> b. (Middle) <b>Mae</b> c. (Last) <b>Whitbeck</b>                                      |   | 13. COLOR OR RACE<br><b>white</b>   |  |
| 14. AGE (At time of this birth)<br><b>26</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>Portland, Oregon</b>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>3</b><br>b. How many children were born alive but are now dead?<br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? |  |
| 17. INFORMANT<br><i>Raymond Ewing</i>  |   |   |  |
| 18a. LENGTH OF PREGNANCY<br>WEEKS  | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | Was a standard serological test for syphilis performed? Yes..... No.....<br>Approximate date  |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><i>Malposition</i>   |  |
|  |   | 20b. MATERNAL CAUSES<br><i>Premature Separation of Placenta</i>   |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><i>Face Presentation</i>   |   | 22. STATE ALL OPERATIONS FOR DELIVERY   |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>3:45</b> a.m.                    |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><i>J. H. Mangum M.D.</i>  | 23b. DATE SIGNED<br><b>8-15-56</b>                                   |
| 23c. ATTENDANT'S ADDRESS<br><i>Nampa, Idaho</i>  |   | IF NOT attended by physician  | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><i>Lewis Edmunds</i> TITLE   |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 25b. DATE<br><b>8/15/56</b>   | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Kohlerlawn</b>   | 25d. LOCATION (City, town, or county) (State)<br><b>Nampa, Idaho</b> |
| DATE REC'D BY LOCAL REG.<br><b>Aug 18, 1956</b>  | REGISTRAR'S SIGNATURE<br><i>Mrs. Jane Stead</i>   | 26. FUNERAL DIRECTOR<br><i>Lewis Edmunds</i> ADDRESS<br><b>Nampa, Idaho</b>   |  |
| LEWIS EDMUNDS MORTUARY   |   |   |  |



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SEP 13 1956

(1949 Revision of Standard Certificate)

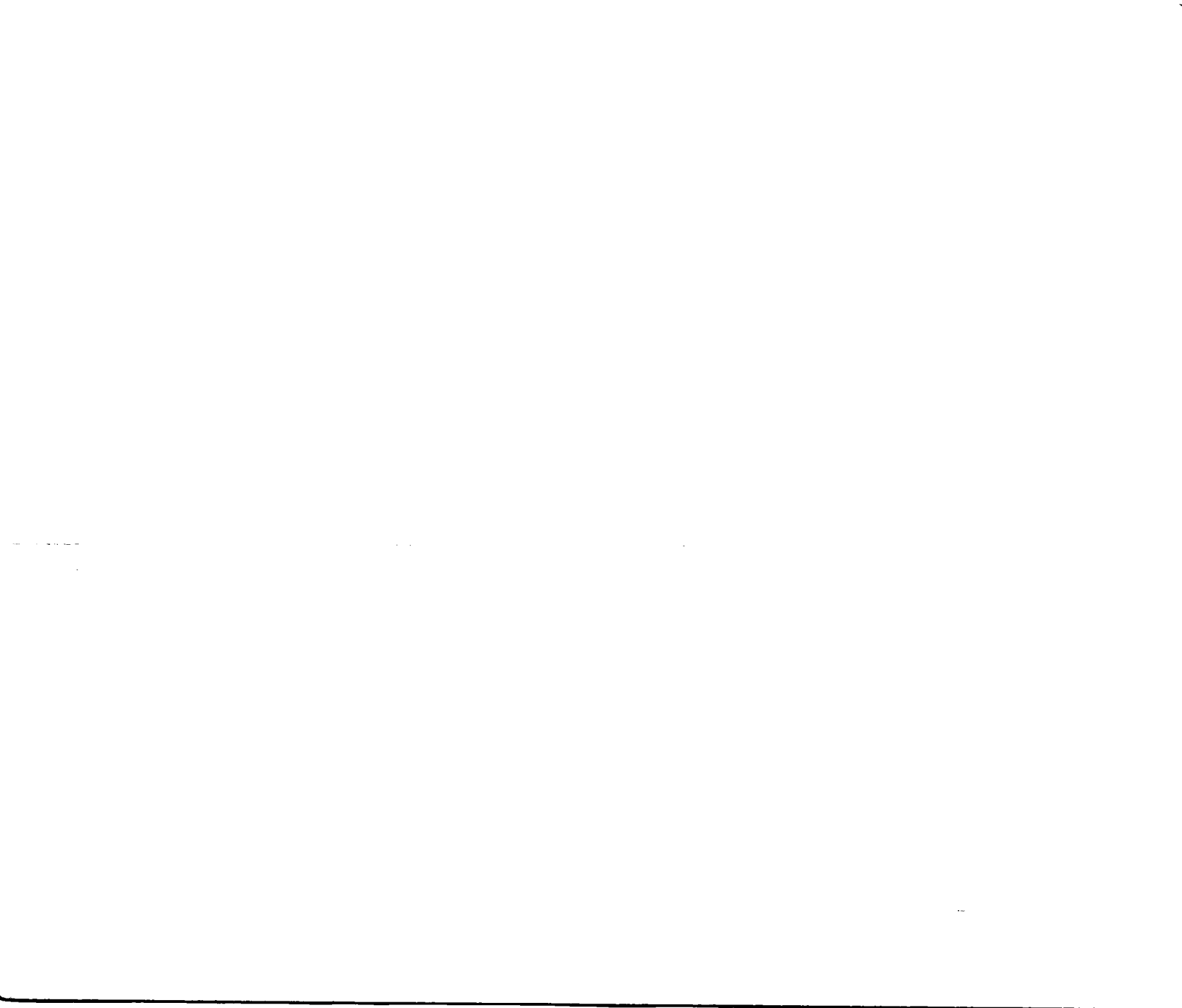
CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No. 124  
Local Reg. No. 551  
Reg. Dist. No. 470

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <u>Cassia</u>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Minidoka</u>   |   |
| b. CITY OR TOWN <u>Burley</u>  |   | c. CITY OR TOWN <u>Rupert</u>   |   |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cottage Hospital</u>  |   | d. STREET ADDRESS <u>310 Lindore Street</u>   |   |
| 3. CHILD'S NAME<br>(Type or Print) <u>Infant Hatch</u>   |   |   |   |
| 4. SEX<br><u>Male</u>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>Aug 26 - 1956</u>  |
| 7. FATHER'S NAME<br>a. (First) <u>Ed</u> b. (Middle) <u>Hatch</u> c. (Last) <u>White</u>   |   | 8. COLOR OR RACE <u>White</u>   |   |
| 9. AGE (At time of this birth)<br><u>26</u> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><u>Paul</u>  | 11a. USUAL OCCUPATION<br><u>Laborer</u>   | 11b. KIND OF BUSINESS OR INDUSTRY<br><u>U.S. Air Force</u>          |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Margaret</u> b. (Middle) <u>Knight</u> c. (Last) <u>Hatch</u>                                    |   | 13. COLOR OR RACE <u>White</u>  |   |
| 14. AGE (At time of this birth)<br><u>19</u> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><u>Kansas</u>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>One</u><br>b. How many children were born alive but are now dead? <u>none</u><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u> |   |
| 17. INFORMANT<br><u>Mrs. Lora Hatch</u>  |   |   |   |
| 18a. LENGTH OF PREGNANCY<br>WEEKS  | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | 19. Was a standard serological test for syphilis performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>Approximate date <u>7/28/56</u>  |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><u>Unknown</u>   |   |
|  |   | 20b. MATERNAL CAUSES<br><u>Unknown</u>  |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><u>None</u>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><u>None</u>  |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.                            |   | 23a. ATTENDANT'S SIGNATURE<br><u>John W. Davis M.D.</u><br>(Specify if M. D., midwife, or other)<br>23c. ATTENDANT'S ADDRESS<br><u>John W. Davis M.D.</u><br>If NOT attended by physician   |   |
|  |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>J. Garth Payne - Burley</u><br>TITLE   |   |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>  | 25b. DATE<br><u>8/28/56</u>   | 25c. NAME OF CEMETERY OR CREMATORY<br><u>PAUL CEMETERY</u>  | 25d. LOCATION (City, town, or county) (State)<br><u>PAUL, IDAHO</u> |
| DATE REC'D BY LOCAL REG.<br><u>9-6-56</u>  | REGISTRAR'S SIGNATURE<br><u>Lris Van Leuven</u>   | 26. FUNERAL DIRECTOR<br><u>J. Garth Payne - Burley</u><br>ADDRESS   |   |





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Division of Vital Statistics

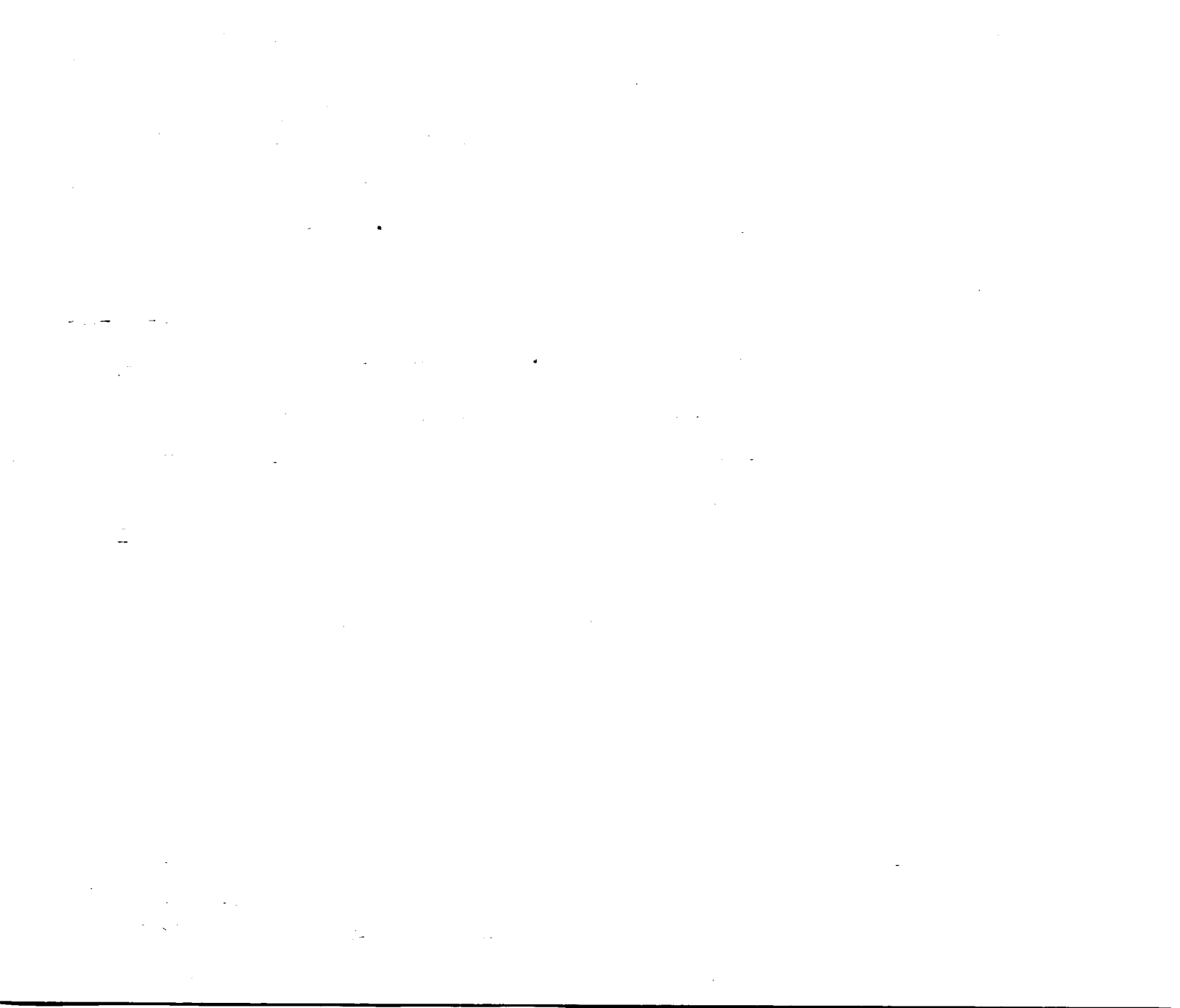
(1949 Revision of Standard Certificate)  
**CERTIFICATE OF STILLBIRTH**  
State of Idaho

State File No. 125  
Local Reg. No. 2  
Reg. Dist. No. 2-4-0

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <u>Franklin</u>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Franklin</u>   |  |
| b. CITY OR TOWN <u>Preston</u>   |   | c. CITY OR TOWN <u>Clifton</u>  |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Memorial Hospital</u>   |   | d. STREET ADDRESS (If rural, give location)   |  |
| 3. CHILD'S NAME<br>(Type or Print) <u>Baby Boy Ralphs</u>  |   |   |  |
| 4. SEX<br><u>Male</u>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>Aug. 13, 1956</u>     |
| 7. FATHER'S NAME<br>a. (First) <u>Dennis</u> b. (Middle) <u>Clifford</u> c. (Last) <u>Ralphs</u>   |   | 8. COLOR OR RACE<br><u>White</u>  |  |
| 9. AGE (At time of this birth)<br><u>28</u> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><u>Franklin, Idaho</u>   | 11a. USUAL OCCUPATION<br><u>Farmer</u>  | 11b. KIND OF BUSINESS OR INDUSTRY<br><u>Own Farm</u>                   |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Ruby</u> b. (Middle) <u>LaRear</u> c. (Last) <u>Sheperd</u>                                      |   | 13. COLOR OR RACE<br><u>White</u>   |  |
| 14. AGE (At time of this birth)<br><u>26</u> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><u>Dayton, Idaho</u>   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>3</u><br>b. How many children were born alive but are now dead? <u>0</u><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u> |  |
| 17. INFORMANT<br><u>Dennis C. Ralphs</u>   |   |   |  |
| 18a. LENGTH OF PREGNANCY<br><u>31</u> WEEKS  | 18b. WEIGHT AT BIRTH<br><u>5</u> LBS. <u>0</u> OZS.   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date   |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><u>Unknown.</u>  |  |
|  |   | 20b. MATERNAL CAUSES<br><u>Unknown</u>  |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><u>none</u>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><u>none</u>  |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>11:50 P.m.</u>                   |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><u>Phyllis G. Dimes</u><br>23b. DATE SIGNED<br><u>8-14-56</u>   |  |
| 23c. ATTENDANT'S ADDRESS<br><u>Preston, Idaho</u>  |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>Sherrin Webb</u><br>TITLE  |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 25b. DATE<br><u>Aug. 14, 1956</u>   | 25c. NAME OF CEMETERY OR CREMATORY<br><u>Clifton</u>  | 25d. LOCATION (City, town, or county) (State)<br><u>Clifton, Idaho</u> |
| DATE REC'D BY LOCAL REG.<br><u>8-14-1956</u>   | REGISTRAR'S SIGNATURE<br><u>Eggle W. Brower</u>   | 26. FUNERAL DIRECTOR ADDRESS<br><u>Webb Funeral Home</u><br><u>Preston, Idaho.</u>  |  |



|  |   |  |  |  |  |
|--|---|--|--|--|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <u>Gem</u>   |   |  | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Gem</u> |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Emmett</u>  |   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Emmett</u>        |  |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mary Secor</u>  |   |  | d. STREET ADDRESS (If rural, give location)<br><u>203 W. Fourth</u>                                  |  |  |
| 3. CHILD'S NAME<br>(Type or Print) <u>Infant Bo. Bingham</u>   |   |  |  |  |  |
| 4. SEX<br><u>male</u>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>   | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>August 31 1956</u>                                  |  |  |
| 7. FATHER'S NAME<br>a. (First) <u>Keith</u>  |   | b. (Middle) <u>A.</u>  | c. (Last) <u>Bingham</u>   | 8. COLOR OR RACE<br><u>white</u>                                     |  |
| 9. AGE (At time of this birth)<br><u>32</u> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><u>Burley, Idaho</u>   | 11a. USUAL OCCUPATION<br><u>laborer</u>  | 11b. KIND OF BUSINESS OR INDUSTRY<br><u>Farm</u>   |  |  |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Elsie</u>  |   | b. (Middle) <u>Warner</u>  | c. (Last) <u>Warner</u>  | 13. COLOR OR RACE<br><u>white</u>                                    |  |
| 14. AGE (At time of this birth)<br><u>29</u> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><u>Heyburn, Idaho</u>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>4</u><br>b. How many children were born alive but are now dead? <u>none</u><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u> |  |  |  |
| 17. INFORMANT<br><u>Keith A. Bingham</u>   |   |  |  |  |  |
| 18a. LENGTH OF PREGNANCY<br>WEEKS  | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date <u>Feb 1956</u>  |  |  |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><u>Cord wrapped tightly around infant's neck</u>  |  |  |  |
|  |   | 20b. MATERNAL CAUSES<br><u>None</u>  |  |  |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><u>None</u>  |   |  | 22. STATE ALL OPERATIONS FOR DELIVERY<br><u>None</u>   |  |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.                            |   | 23a. ATTENDANT'S SIGNATURE.<br><u>Wm. B. Jensen M.D.</u>   |  | 23b. DATE SIGNED<br><u>9-1-56</u>                                    |  |
| 23c. ATTENDANT'S ADDRESS<br><u>202 W. Main, Emmett, Idaho</u>  |   | If NOT attended by physician   |  | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>Relvea Mortuary</u>       |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 25b. DATE<br><u>9/1/56</u>  | 25c. NAME OF CEMETERY OR CREMATORY<br><u>Riverside</u>   |  | 25d. LOCATION (City, town, or county) (State)<br><u>Emmett Idaho</u> |  |
| DATE REC'D BY LOCAL REG.<br><u>Sept 1, 1956</u>  |   | REGISTRAR'S SIGNATURE<br><u>Wm. B. Jensen</u>  |  | 26. FUNERAL DIRECTOR<br><u>Relvea Mortuary</u>                       |  |
|  |   |  |  | ADDRESS<br><u>318 N Latah Boise, Idaho</u>                           |  |



JUG 27 1956

(1949 Revision of Standard Certificate)

State of Idaho  
CERTIFICATE OF STILLBIRTH

State File No. 127

Local Reg. No. 50

Reg. Dist. No. 240

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <b>Idaho</b>   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live)<br>a. STATE <b>Idaho</b> b. COUNTY <b>Idaho</b>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Grangeville</b>                                      |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Grangeville</b>   |  |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR<br>INSTITUTION <b>General Hospital</b> |   | d. STREET ADDRESS (If rural, give location)   |  |
| 3. CHILD'S NAME<br>(Type or Print) <b>LESTER LEROY FOURAKER</b>  |   |   |  |
| 4. SEX<br><b>Male</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>August 19, 1956</b> |
| 7. FATHER'S NAME<br>a. (First) <b>Ray</b> b. (Middle) <b>E.</b> c. (Last) <b>Fouraker</b>  |   | 8. COLOR OR RACE<br><b>White</b>  |  |
| 9. AGE (At time of this birth)<br><b>41</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>Texas</b>   | 11a. USUAL OCCUPATION<br><b>Truck Driver</b>  | 11b. KIND OF BUSINESS OR INDUSTRY                                    |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>Ileda</b> b. (Middle) <b>Payne</b> c. (Last) <b>Payne</b>  |   | 13. COLOR OR RACE<br><b>White</b>   |  |
| 14. AGE (At time of this birth)<br><b>33</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>Idaho</b>   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>one</b><br>b. How many children were born alive but are now dead? <b>none</b><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>none</b> |  |
| 17. INFORMANT<br><b>Ray E Fouraker</b>   |   |   |  |
| 18a. LENGTH OF PREGNANCY<br><b>39</b> WEEKS  | 18b. WEIGHT AT BIRTH<br><b>3</b> LBS. <b>6 1/2</b> OZS.   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date <b>3-16-56</b>  |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><b>Unknown</b>   |  |
|  |   | 20b. MATERNAL CAUSES<br><b>Toxemia of pregnancy</b>   |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><b>maternal toxemia</b>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><b>none</b>  |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.                            |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><b>William H. Love M.D.</b>   |  |
|  |   | 23b. DATE SIGNED<br><b>21 Aug 56</b>  |  |
| 23a. ATTENDANT'S ADDRESS<br><b>Grangeville, Ida</b>  |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><b>Robert A. Hansen</b>   |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |   | 25b. DATE<br><b>Aug 20, 1956</b>  | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Prairieview</b>             |
|  |   | 25d. LOCATION (City, town, or county)<br><b>Grangeville</b>   | (State)<br><b>Idaho</b>  |
| DATE REC'D BY LOCAL REG.<br><b>Aug. 23, 1956</b>   |   | 26. FUNERAL DIRECTOR<br><b>Robertson Funeral Home</b>   |  |



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Division of Vital Statistics

## CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 128

Local Reg. No. 4

Reg. Dist. No. 120

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <b>KOOTENAI</b>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>ALBERTA</b> b. COUNTY  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>COEUR D' ALENE</b>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>EDMONTON</b>                                 |  |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR<br>INSTITUTION <b>LAKE CITY GENERAL HOSPITAL</b>   |   | d. STREET ADDRESS (If rural, give location)<br><b>7731-73 Ave.</b>   |  |
| 3. CHILD'S NAME<br>(Type or Print) <b>INFANT GIRL WICKENS</b>  |   |  |  |
| 4. SEX<br><b>FEMALE</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>8-25-56</b> |
| 7. FATHER'S NAME<br><b>ERNEST</b>  |   | 8. COLOR OR RACE<br><b>WHITE</b>   |  |
| a. (First)   |   | b. (Middle)  |  |
| c. (Last)  |   | 9. AGE (At time of this birth)<br><b>32</b> YEARS  |  |
| 10. BIRTHPLACE (State or foreign country)<br><b>MAPLE CREEK, SASH.</b>   |   | 11a. USUAL OCCUPATION<br><b>SALESMAN</b>   |  |
| 11b. KIND OF BUSINESS OR INDUSTRY<br><b>ALLIED SECURITY</b>  |   | 12. MOTHER'S MAIDEN NAME<br><b>MARGERY</b>   |  |
| a. (First)   |   | b. (Middle)  |  |
| c. (Last)  |   | 13. COLOR OR RACE<br><b>WHITE</b>  |  |
| 14. AGE (At time of this birth)<br><b>35</b> YEARS   |   | 15. BIRTHPLACE (State or foreign country)<br><b>LA CLOMBE, ALBERTA</b>   |  |
| 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>NONE</b><br>b. How many children were born alive but are now dead? <b>NONE</b><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>NONE</b> |   | 17. INFORMANT<br><b>Ernest Wickens (f.e.)</b>  |  |
| 18a. LENGTH OF PREGNANCY<br>WEEKS  | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | 19. Was a standard serological test for syphilis performed? Yes..... No.....<br>Approximate date                                   |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)   |   | 20a. FETAL CAUSES<br><b>Anencephaly</b>  |  |
| 20b. MATERNAL CAUSES   |   | 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR   |  |
| 22. STATE ALL OPERATIONS FOR DELIVERY  |   | 23a. ATTENDANT'S SIGNATURE<br>(Specify if M. D., midwife, or other)<br><b>[Signature]</b>  |  |
| 23b. DATE SIGNED<br><b>8-27-1956</b>   |   | 23c. ATTENDANT'S ADDRESS<br><b>Coeur d'Alene, Idaho</b>  |  |
| 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><b>[Signature]</b>   |   | TITLE  |  |
| 25a. BURIAL CREMATION REMOVAL (Specify)<br><b>BURIAL</b>   |   | 25b. DATE<br><b>8-27-56</b>  |  |
| 25c. NAME OF CEMETERY OR CREMATORY<br><b>FOREST CEMETERY</b>   |   | 25d. LOCATION (City, town, or county) (State)<br><b>COEUR D' ALENE IDAHO</b>   |  |
| DATE REC'D BY LOCAL REG.<br><b>Aug 27, 1956</b>  |   | REGISTRAR'S SIGNATURE<br><b>Lorraine K. Brush</b>  |  |
| 26. FUNERAL DIRECTOR<br><b>Leon English</b>  |   | ADDRESS<br><b>COEUR D' ALENE, IDAHO</b>  |  |

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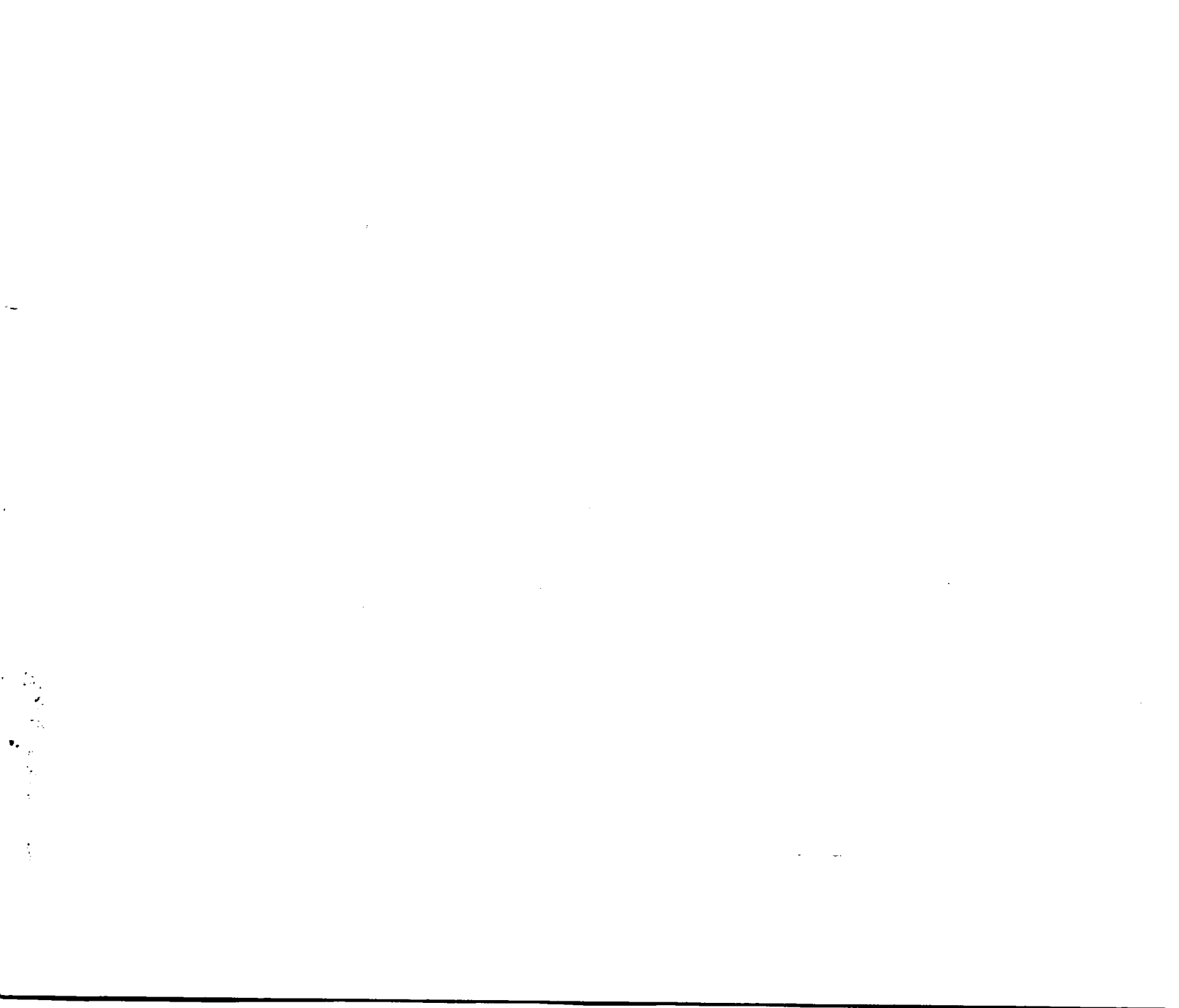
**CERTIFICATE OF STILLBIRTH**

Division of Vital Statistics

State of Idaho

State File No. **129**Local Reg. No. **121**Reg. Dist. No. **220**

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| 1. PLACE OF STILLBIRTH   |   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)   |  |  |
| a. COUNTY <b>Latah</b>   |   |   | a. STATE <b>Idaho</b> b. COUNTY <b>Latah</b>   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>MOSCOW</b>   |   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>MOSCOW</b> |  |  |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR<br>INSTITUTION <b>Gritman Hospital</b> |   |   | d. STREET ADDRESS (If rural, give location)<br><b>105 No. Garfield</b>                           |  |  |
| 3. CHILD'S NAME<br>(Type or Print) <b>Baby Girl Burke</b>  |   |   |  |  |  |
| 4. SEX<br><b>Female</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>                  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>July 29 1956</b>                                |  |  |
| 7. FATHER'S NAME<br>a. (First) <b>Edward</b>   |   | b. (Middle)   |  | c. (Last) <b>Burke</b>   |  |
| 8. COLOR OR RACE<br><b>White</b>   |   |   |  |  |  |
| 9. AGE (At time of this birth)<br><b>40</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>Washington</b>  | 11a. USUAL OCCUPATION<br><b>salesman</b>  |  | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>Automobile</b>               |  |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>Lillian</b>  |   | b. (Middle)   |  | c. (Last) <b>Hamilton</b>  |  |
| 13. COLOR OR RACE<br><b>White</b>  |   |   |  |  |  |
| 14. AGE (At time of this birth)<br><b>39</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>Canada</b>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)   |  |  |  |
|  |   | a. How many children are now living? <b>3</b>   |  |  |  |
|  |   | b. How many children were born alive but are now dead? <b>0</b>   |  |  |  |
|  |   | c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b>  |  |  |  |
| 17. INFORMANT<br><b>Edward Burke</b>   |   |   |  |  |  |
| 18a. LENGTH OF PREGNANCY<br><b>8 1/2</b> WEEKS   | 18b. WEIGHT AT BIRTH<br><b>3 1/2</b> LBS. OZS.  | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date |  |  |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><b>Immaturity 6 months</b>   |  |  |  |
|  |   | 20b. MATERNAL CAUSES<br><b>abruptio placentae + toxemia pregnancy</b>   |  |  |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><b>Toxemia of pregnancy</b>  |   |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><b>none</b>   |  |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>7:55 p.m.</b>                    |   | 23a. ATTENDANT'S SIGNATURE<br><b>Joseph H. Wilson M.D.</b>  |  | 23b. DATE SIGNED<br><b>8-9-56</b>                                    |  |
| 23c. ATTENDANT'S ADDRESS<br><b>Moscow, Idaho</b>   |   | IF NOT attended by physician  |  | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><b>Shirley</b>               |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 25b. DATE<br><b>7-30-1956</b>   | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Moscow Cemetery</b>  |  | 25d. LOCATION (City, town, or county) (State)<br><b>Moscow Idaho</b> |  |
| DATE REC'D BY LOCAL REG.<br><b>8/20/56</b>   | REGISTRAR'S SIGNATURE<br><b>Leis E. Angel</b>   | 26. FUNERAL DIRECTOR<br><b>Shirley</b>  |  | ADDRESS<br><b>Moscow, Idaho</b>                                      |  |



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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 130  
Local Reg. No. 670  
Reg. Dist. No.

Division of Vital Statistics

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY Lemhi   |  | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE Idaho b. COUNTY Lemhi  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN Salmon |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN Cobalt |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION Steele Memorial Hosp.                             |  | d. STREET ADDRESS (If rural, give location)   |  |

3. CHILD'S NAME  
(Type or Print) Baby Girl Tappan

|                  |   |  |   |
|------------------|---|--|---|
| 4. SEX<br>Female | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br>Aug. 16, 1956 |
|------------------|---|--|---|

|  |                           |
|--|---------------------------|
| 7. FATHER'S NAME<br>a. (First) James<br>b. (Middle) Howard<br>c. (Last) Tappan | 8. COLOR OR RACE<br>White |
|--|---------------------------|

|  |  |  |   |
|--|--|--|---|
| 9. AGE (At time of this birth)<br>28 YEARS | 10. BIRTHPLACE (State or foreign country)<br>Midas, Nevada | 11a. USUAL OCCUPATION<br>Mill operator | 11b. KIND OF BUSINESS OR INDUSTRY<br>Mining |
|--|--|--|---|

|   |                            |
|---|----------------------------|
| 12. MOTHER'S MAIDEN NAME<br>a. (First) Patricia<br>b. (Middle) H.<br>c. (Last) Hadden | 13. COLOR OR RACE<br>White |
|---|----------------------------|

|   |   |  |
|---|---|--|
| 14. AGE (At time of this birth)<br>25 YEARS | 15. BIRTHPLACE (State or foreign country)<br>Stewart, B.C. Canada | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? 1<br>b. How many children were born alive but are now dead? 0<br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0 |
|---|---|--|

17. INFORMANT  
James H. Tappan

|                                   |                                   |   |
|-----------------------------------|-----------------------------------|---|
| 18a. LENGTH OF PREGNANCY<br>WEEKS | 18b. WEIGHT AT BIRTH<br>LBS. OZS. | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date |
|-----------------------------------|-----------------------------------|---|

|  |  |                                    |
|--|--|------------------------------------|
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) | 20a. FETAL CAUSES<br>etiology undetermined | 20b. MATERNAL CAUSES<br>none noted |
|--|--|------------------------------------|

|  |   |
|--|---|
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br>none | 22. STATE ALL OPERATIONS FOR DELIVERY<br>none |
|--|---|

|   |   |  |
|---|---|--|
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m. | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br>B. Johnson M.D. | 23b. DATE SIGNED<br>8-18-56                              |
|   | 23c. ATTENDANT'S ADDRESS<br>Salmon  | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br>Kenneth Klingler |

|   |                      |  |  |
|---|----------------------|--|--|
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial | 25b. DATE<br>8-17-56 | 25c. NAME OF CEMETERY OR CREMATORY<br>Salmon | 25d. LOCATION (City, town, or county) (State)<br>Salmon, Idaho |
|---|----------------------|--|--|

|                                     |   |  |                          |
|-------------------------------------|---|--|--------------------------|
| DATE REC'D BY LOCAL REG.<br>8-20-56 | REGISTRAR'S SIGNATURE<br>Viola E. Johnson | 26. FUNERAL DIRECTOR<br>Kenneth Klingler | ADDRESS<br>Salmon, Idaho |
|-------------------------------------|---|--|--------------------------|



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(1949 Revision of Standard Certificate)

**CERTIFICATE OF STILLBIRTH**

State of Idaho

State File No. 131

Local Reg. No. 165

Reg. Dist. No. 228

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <u>Nez Perce</u>   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Nez Perce</u>  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Lewiston</u>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Lewiston</u>  |   |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR<br>INSTITUTION <u>S. J. Joseph's</u>   |   | d. STREET ADDRESS (If rural, give location)<br><u>Gem Trail Court</u>   |   |
| 3. CHILD'S NAME<br>(Type or Print) <u>Darlyne Marie Kincaid</u>  |   |   |   |
| 4. SEX<br><u>Female</u>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>8-9-56</u>             |
| 7. FATHER'S NAME<br>a. (First) <u>Edward</u> b. (Middle) <u>Simpson</u> c. (Last) <u>White</u>   |   | 8. COLOR OR RACE<br><u>White</u>  |   |
| 9. AGE (At time of this birth)<br><u>35</u> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><u>Dallas, Texas</u>   | 11a. USUAL OCCUPATION<br><u>Lumber Mill</u>   | 11b. KIND OF BUSINESS OR INDUSTRY<br><u>Lumber</u>                      |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Dorothy</u> b. (Middle) <u>Louise</u> c. (Last) <u>Kincaid</u>                                   |   | 13. COLOR OR RACE<br><u>White</u>   |   |
| 14. AGE (At time of this birth)<br><u>22</u> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><u>Council, Idaho</u>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>1</u><br>b. How many children were born alive but are now dead? <u>0</u><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u> |   |
| 17. INFORMANT<br><u>Dorothy Louise Kincaid</u>   |   |   |   |
| 18a. LENGTH OF PREGNANCY<br><u>40 WEEKS</u>  | 18b. WEIGHT AT BIRTH<br><u>5 LBS. 0 OZS.</u>  | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date   |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><u>Strangulation (3 loops of cord around neck).</u>  |   |
| 20b. MATERNAL CAUSES   |   |   |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><u>None until death of fetus 1 wk. prior to delivery</u>                             |   | 22. STATE ALL OPERATIONS FOR DELIVERY   |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>1:40</u> <u>A.</u> m.            |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><u>LM Sashwood MD</u>   |   |
| 23b. DATE SIGNED<br><u>8-20-56</u>   |   | 23c. ATTENDANT'S ADDRESS<br><u>Lewiston, Idaho.</u>   |   |
| 23d. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>Unsent Unsent</u>  |   | TITLE<br><u>Unsent Unsent</u>   |   |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 25b. DATE<br><u>8-11-56</u>   | 25c. NAME OF CEMETERY OR CREMATORY<br><u>Normal Hill</u>  | 25d. LOCATION (City, town, or county) (State)<br><u>Lewiston, Idaho</u> |
| DATE REC'D BY LOCAL REG.<br><u>8/11/56</u>   | REGISTRAR'S SIGNATURE<br><u>Cara King</u>   | 26. FUNERAL DIRECTOR<br><u>Unsent Unsent</u>  |   |

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PUBLIC HEALTH SERVICEAUG 27 1956  
Division of Vital Statistics

(1949 Revision of Standard Certificate)

## CERTIFICATE OF STILLBIRTH

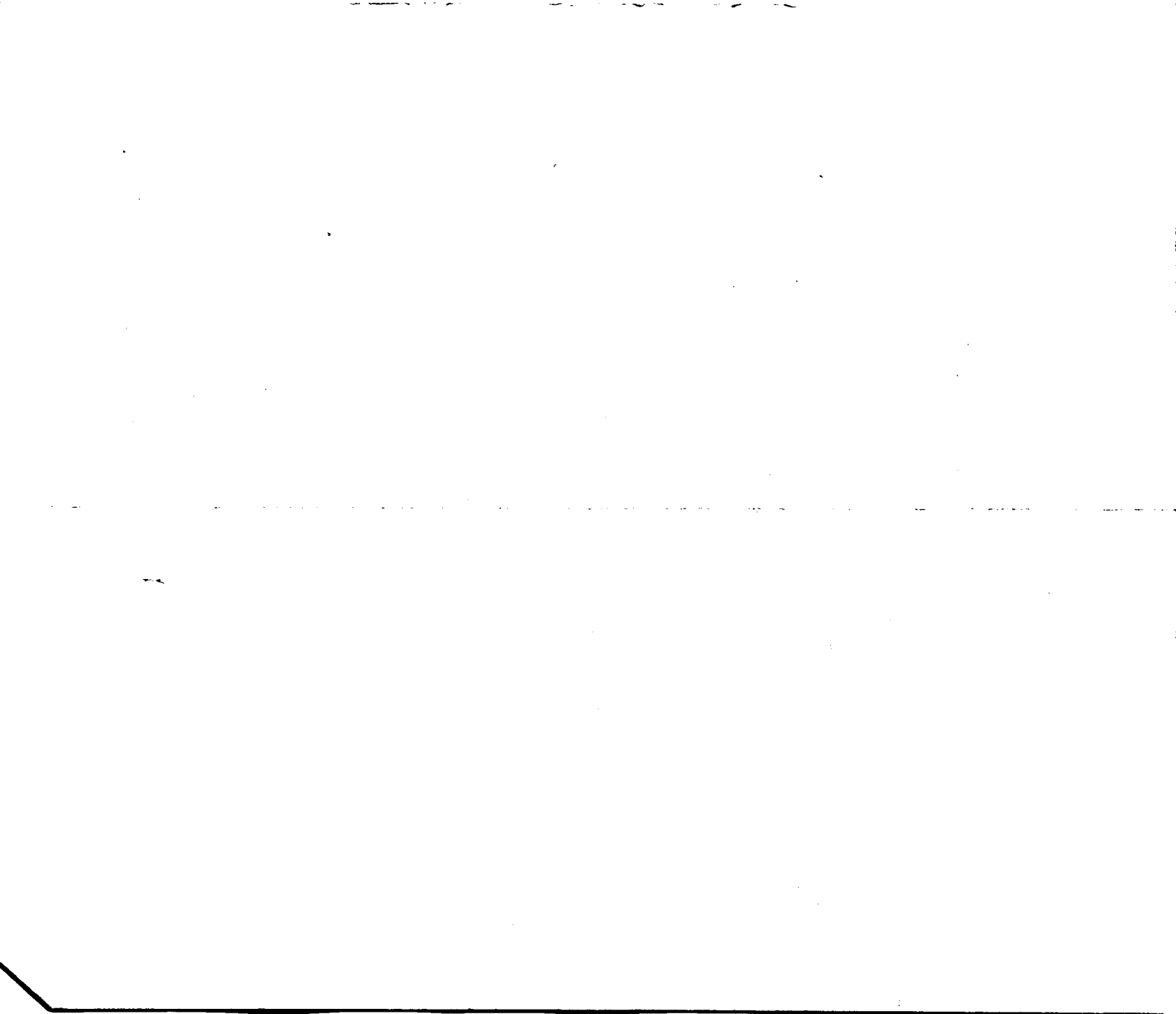
State of Idaho

State File No. 132

Local Reg. No. 33

Reg. Dist. No. 142

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <u>Shoshone</u>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Shoshone</u>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Wallace</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Kellogg</u>   |   |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Providence Hospital</u>   |   | d. STREET ADDRESS (If rural, give location)<br><u>Box 388 Kellogg Idaho</u>   |   |
| 3. CHILD'S NAME<br>(Type or Print) <u>Baby Girl Allen</u>  |   |   |   |
| 4. SEX<br><u>Female</u>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>August 9 1956</u>    |
| 7. FATHER'S NAME<br>a. (First) <u>Gerald</u> b. (Middle) <u>Allen</u> c. (Last) <u>White</u>   |   | 8. COLOR OR RACE<br><u>White</u>  |   |
| 9. AGE (At time of this birth)<br><u>26</u> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><u>Kellogg, Idaho</u>  | 11a. USUAL OCCUPATION   | 11b. KIND OF BUSINESS OR INDUSTRY                                     |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Ruth</u> b. (Middle) <u>Brien</u> c. (Last) <u>White</u>   |   | 13. COLOR OR RACE<br><u>White</u>   |   |
| 14. AGE (At time of this birth)<br><u>27</u> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><u>North Dakota</u>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>one</u><br>b. How many children were born alive but are now dead? <u>None</u><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u> |   |
| 17. INFORMANT<br><u>Gerald Allen</u>   |   |   |   |
| 18a. LENGTH OF PREGNANCY<br>WEEKS  | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><u>Unknown</u>   |   |
|  |   | 20b. MATERNAL CAUSES<br><u>Unknown</u>  |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><u>None</u>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY   |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.                            |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><u>[Signature]</u>  |   |
|  |   | 23b. DATE SIGNED<br><u>8/11/56</u>  |   |
| 23c. ATTENDANT'S ADDRESS<br><u>Wallace, Idaho</u>  |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>[Signature]</u>  |   |
|  |   | TITLE   |   |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)  | 25b. DATE<br><u>8/10/56</u>   | 25c. NAME OF CEMETERY OR CREMATORY<br><u>Shoshone Municipal Cemetery</u>  | 25d. LOCATION (City, town, or county) (State)<br><u>Kellogg Idaho</u> |
| DATE REC'D BY LOCAL REG.<br><u>8/16/56</u>   | REGISTRAR'S SIGNATURE<br><u>[Signature]</u>   | 26. FUNERAL DIRECTOR<br><u>[Signature]</u>  | ADDRESS<br><u>Kellogg Idaho</u>                                       |





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PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE

OCT 8 - 1956

Division of Vital Statistics

(1949 Revision of Standard Certificate)

## CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 133

Local Reg. No. 55

Reg. Dist. No. 410

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <i>Blaine</i>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <i>Idaho</i> b. COUNTY <i>Blaine</i>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <i>Hailey</i>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <i>Hailey</i>  |   |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Hailey Hosp.</i>  |   | d. STREET ADDRESS (If rural, give location)   |   |
| 3. CHILD'S NAME<br>(Type or Print) <i>WILLIAMS</i>   |   |   |   |
| 4. SEX<br><i>MALE</i>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><i>8 4 56</i>   |
| 7. FATHER'S NAME<br>a. (First) <i>CHARLES</i> b. (Middle) <i>DEWAYNE</i> c. (Last) <i>WILLIAMS</i>   |   | 8. COLOR OF RACE <i>White</i>   |   |
| 9. AGE (At time of this birth)<br><i>18-10-26</i> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><i>Mt Grove Mo.</i>  | 11a. USUAL OCCUPATION<br><i>Meatcutter</i>  | 11b. KIND OF BUSINESS OR INDUSTRY<br><i>Retail Store</i>      |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <i>REMIGIA</i> b. (Middle) <i>ANNE</i> c. (Last) <i>EHRMANTROUT</i>                                 |   | 13. COLOR OF RACE <i>White</i>  |   |
| 14. AGE (At time of this birth)<br><i>19-2-6</i> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><i>WENDALL, IDAHO</i>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <i>One</i><br>b. How many children were born alive but are now dead? <i>none</i><br>c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? <i>none</i> |   |
| 17. INFORMANT<br><i>Carl Williams</i>  |   |   |   |
| 18a. LENGTH OF PREGNANCY<br>WEEKS  | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date   |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><i>No cause determined.</i>  |   |
|  |   | 20b. MATERNAL CAUSES<br><i>No cause determined.</i>   |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><i>None</i>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><i>None</i>  |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.                            | 23a. ATTENDANT'S SIGNATURE<br><i>Dr. H. H. Wright</i>   |   | 23b. DATE SIGNED  |
|  | 23c. ATTENDANT'S ADDRESS<br><i>Hailey, Idaho</i>  |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><i>Ray McGoldrick</i> |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)  |   | 25b. DATE<br><i>8-4-56</i>  | 25c. NAME OF CEMETERY OR CREMATORY<br><i>Hailey</i>           |
| 25d. LOCATION (City, town, or county)<br><i>Hailey Idaho</i>   |   | (State)   |   |
| DATE REC'D BY LOCAL REG.<br><i>Oct-5-1956</i>  |   | 26. FUNERAL DIRECTOR<br><i>Ray McGoldrick</i>   |   |
| REGISTRAR'S SIGNATURE<br><i>Robert H. Wright</i>   |   | ADDRESS<br><i>Hailey</i>  |   |



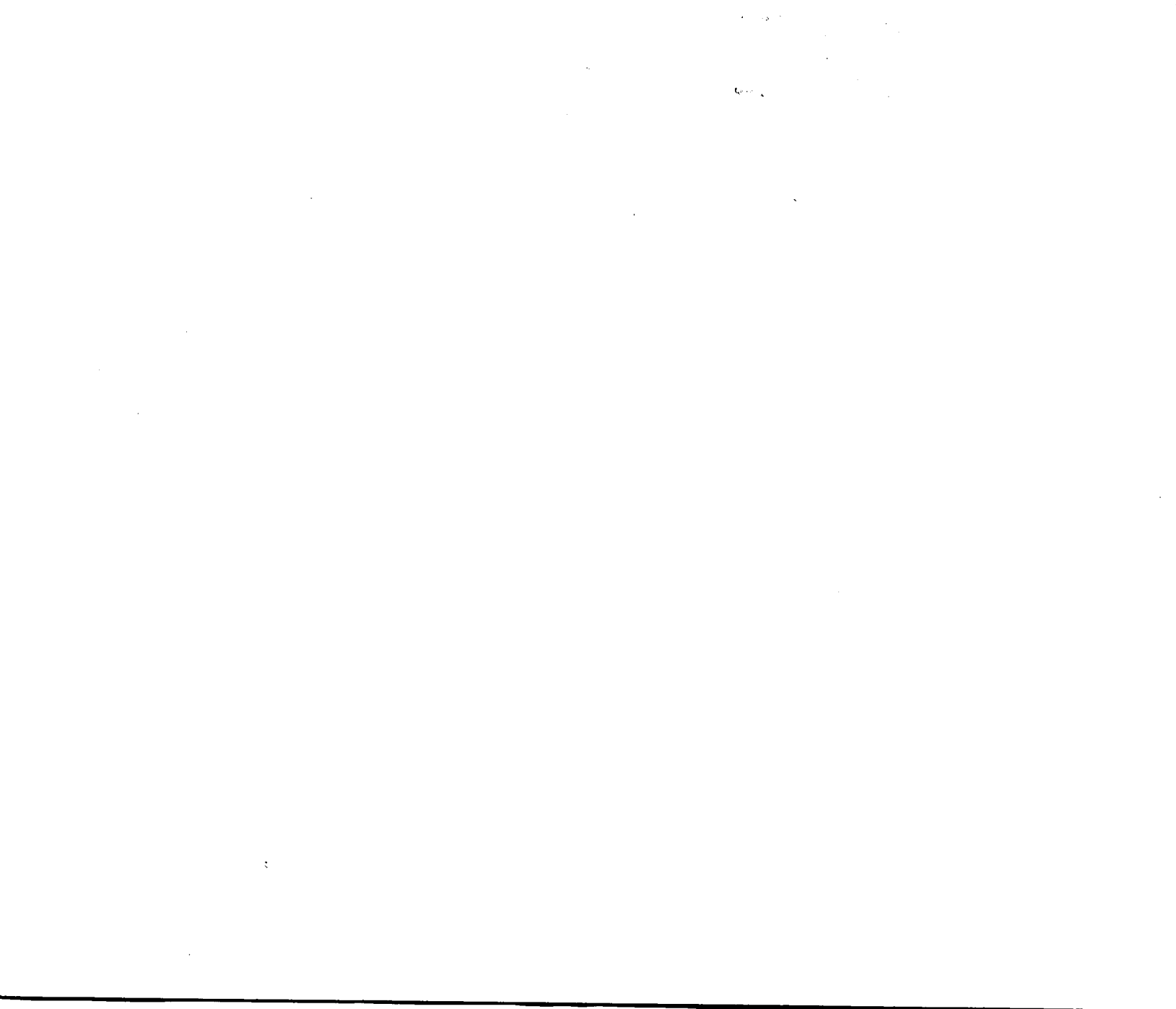
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SEP 24 1956

(1949 Revision of Standard Certificate)  
CERTIFICATE OF STILLBIRTH  
State of Idaho

State File No. 134  
Local Reg. No. 199  
Reg. Dist. No. 6.1.P.

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <b>Bonneville</b>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>Idaho</b> b. COUNTY <b>Bingham</b>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Shelley, R#1 Idaho Falls</b>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Shelley, R#1</b>  |  |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR<br>INSTITUTION <b>L.D.S. Hospital</b>  |   | d. STREET ADDRESS (If rural, give location)   |  |
| 3. CHILD'S NAME<br>(Type or Print) <b>Myron Gilbert Davies</b>   |   |   |  |
| 4. SEX<br><b>Male</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>Sept. 13 1956</b>     |
| 7. FATHER'S NAME<br>a. (First) <b>Gilbert</b> b. (Middle) <b>Wallace</b> c. (Last) <b>Davies</b>   |   | 8. COLOR OR RACE<br><b>White</b>  |  |
| 9. AGE (At time of this birth)<br><b>43</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>Talmage, Utah</b>   | 11a. USUAL OCCUPATION<br><b>Farming</b>   | 11b. KIND OF BUSINESS OR INDUSTRY                                      |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>Elenor</b> b. (Middle) <b>Balmforth</b> c. (Last) <b>Balmforth</b>   |   | 13. COLOR OR RACE<br><b>White</b>   |  |
| 14. AGE (At time of this birth)<br><b>36</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>Woodville Idaho</b>   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>3</b><br>b. How many children were born alive but are now dead? <b>None</b><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? |  |
| 17. INFORMANT<br><b>Mrs. E. R. Balmforth</b>   |   |   |  |
| 18a. LENGTH OF PREGNANCY<br><b>9 Mo. WEEKS</b>   | 18b. WEIGHT AT BIRTH<br><b>7 LBS. OZS.</b>  | 19. Was a standard serological test for syphilis performed? Yes..... No.....<br><b>Approximate date</b>   |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)<br><b>20a. FETAL CAUSES</b><br><b>Intra-uterine fetal death</b> |   | <b>20b. MATERNAL CAUSES</b><br><b>Unkinked cord around neck twice</b>   |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><b>None</b>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><b>None</b>  |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>1:30 a.m.</b>  |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><b>Shelley Idaho</b>  |  |
| 23b. DATE SIGNED<br><b>9-13-56</b>   |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><b>Harry L. Nelder</b> TITLE <b>Idaho</b>   |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 25b. DATE<br><b>9-13-56</b>   | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Hill Crest</b>   | 25d. LOCATION (City, town, or county) (State)<br><b>Shelley, Idaho</b> |
| DATE REC'D BY LOCAL REG.<br><b>Sept. 17-1956</b>   |   | 26. FUNERAL DIRECTOR ADDRESS<br><b>Harry L. Nelder</b> <b>Shelley Ida.</b><br><b>E.H.H.H.</b>   |  |

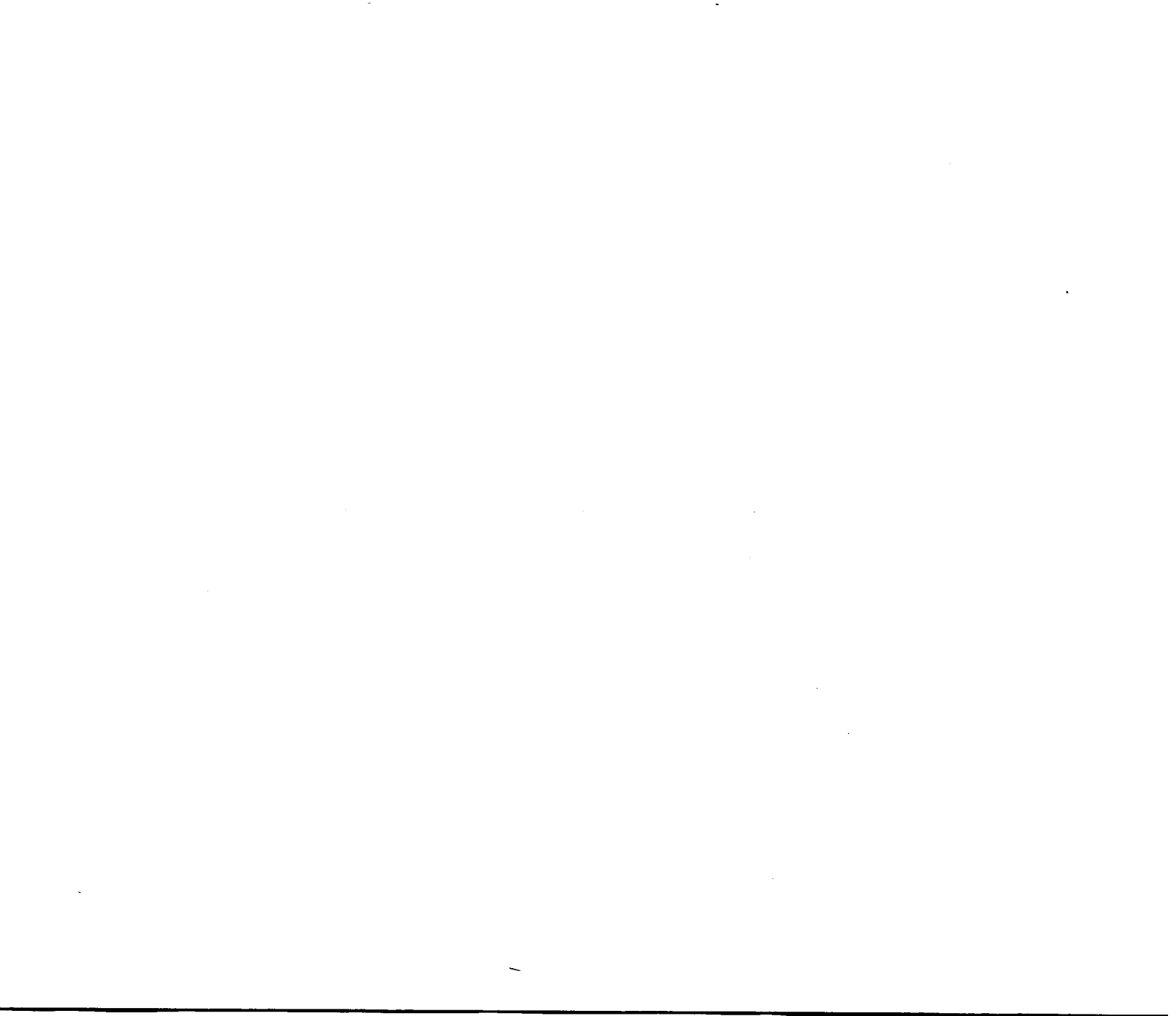


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 1-48  
 FEDERAL BUREAU OF INVESTIGATION  
 PUBLIC HEALTH SERVICE  
 Division of Vital Statistics

(1949 Revision of Standard Certificate)  
 CERTIFICATE OF STILLBIRTH  
 State of Idaho

135  
 State File No. ....  
 Local Reg. No. 46  
 Reg. Dist. No. 36D

|  |  |  |   |
|--|--|--|---|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY Canyon   |  | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE Idaho b. COUNTY Canyon  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN Caldwell  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN Caldwell  |   |
| c. FULL NAME OF HOSPITAL OR INSTITUTION Caldwell Memorial  |  | d. STREET ADDRESS (If rural, give location) 517 N. Kimball   |   |
| 3. CHILD'S NAME<br>(Type or Print) Kevin Patrick Kincaid   |  |  |   |
| 4. SEX male  | 5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year) Sept 11 - 56       |
| 7. FATHER'S NAME a. (First) James b. (Middle) Lester c. (Last) Kincaid   |  | 8. COLOR OR RACE white   |   |
| 9. AGE (At time of this birth) 36 YEARS  | 10. BIRTHPLACE (State or foreign country) Meritt Canada  | 11a. USUAL OCCUPATION Driver - Salvage Supply Co   | 11b. KIND OF BUSINESS OR INDUSTRY                             |
| 12. MOTHER'S MAIDEN NAME a. (First) Alice b. (Middle) Louise c. (Last) Allison   |  | 13. COLOR OR RACE white  |   |
| 14. AGE (At time of this birth) 30 YEARS   | 15. BIRTHPLACE (State or foreign country) Caldwell Ida   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? |   |
| 17. INFORMANT Alvin Kincaid mother 2   |  |  |   |
| 18a. LENGTH OF PREGNANCY 37 WEEKS  | 18b. WEIGHT AT BIRTH LBS. OZS.   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date April 17, 1956   |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |  | 20a. FETAL CAUSES premature death of placenta  |   |
|  |  | 20b. MATERNAL CAUSES none  |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none  |  | 22. STATE ALL OPERATIONS FOR DELIVERY none   |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.                            |  | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Del C. Reynolds M.D.  |   |
| 23b. ATTENDANT'S ADDRESS 2225 Logan Caldwell   |  | 23c. DATE SIGNED 9-15-56   |   |
| 24. SIGNATURE OF AUTHORIZED OFFICIAL   |  | TITLE  |   |
| 25a. BURIAL, CREMATION, REMOVAL (Specify) Burial   | 25b. DATE Sept. 12, 1956   | 25c. NAME OF CEMETERY OR CREMATORY Canyon Hill Cemetery  | 25d. LOCATION (City, town, or county) (State) Caldwell, Idaho |
| DATE REC'D BY LOCAL REG. 9/28/56   | REGISTRAR'S SIGNATURE Agnes M Denman   | 26. FUNERAL DIRECTOR PECKHAM & DAVIS<br>ADDRESS 804 So. Kimball Caldwell, Idaho  |   |



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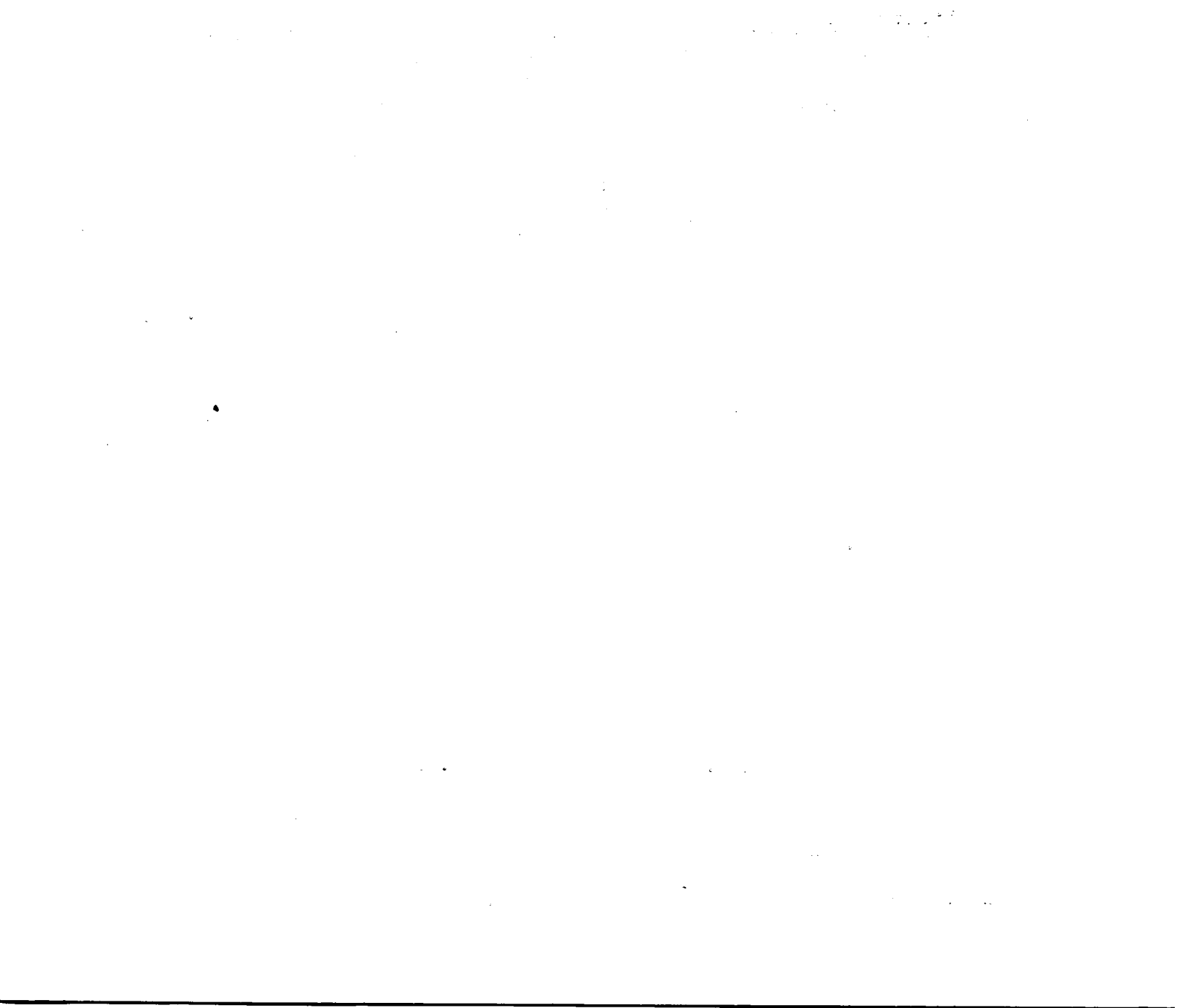
SEP 24 1956

(1949 Revision of Standard Certificate)  
**CERTIFICATE OF STILLBIRTH**  
State of Idaho

State File No. 136  
Local Reg. No. 556  
Reg. Dist. No. 470

Division of Vital Statistics

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <u>Cassia</u>  |   |  | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Cassia</u> |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Burley</u>   |   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Burley</u>        |   |  |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR<br>INSTITUTION <u>Cottage Hospital</u> |   |  | d. STREET ADDRESS (If rural, give location)<br><u>RFD Route 2</u>                                       |   |  |
| 3. CHILD'S NAME<br>(Type or Print) <u>Infant Child</u>   |   |  |   |   |  |
| 4. SEX<br><u>Male</u>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>Sept. 17, 1956</u>                                     |   |  |
| 7. FATHER'S NAME<br>a. (First) <u>Leslie</u>   |   | b. (Middle) <u>Elwood</u>  |   | c. (Last) <u>Child</u>  |  |
| 8. COLOR OR RACE<br><u>White</u>   |   |  |   |   |  |
| 9. AGE (At time of this birth)<br><u>36</u> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><u>Roy, Utah</u>   | 11a. USUAL OCCUPATION<br><u>Farmer</u>   |   | 11b. KIND OF BUSINESS OR INDUSTRY<br><u>Agriculture</u>                                     |  |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Ida</u>  |   | b. (Middle) <u>Janet</u>   |   | c. (Last) <u>Rock</u>   |  |
| 13. COLOR OR RACE<br><u>White</u>  |   |  |   |   |  |
| 14. AGE (At time of this birth)<br><u>34</u> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><u>Morgan, Utah</u>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)  |   |   |  |
|  |   | a. How many children are now living?<br><u>3</u>   | b. How many children were born alive but are now dead?<br><u>0</u>                                      | c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?<br><u>0</u> |  |
| 17. INFORMANT<br><u>Leslie E. Child</u>  |   |  |   |   |  |
| 18a. LENGTH OF PREGNANCY<br>WEEKS  | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | 19. Was a standard serological test for syphilis performed? Yes. <u>X</u> No. <u>      </u><br>Approximate date                    |   |   |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><u>None</u>   |   |   |  |
|  |   | 20b. MATERNAL CAUSES<br><u>Abrupted Placenta FreeclanipticTexemia</u>  |   |   |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR   |   |  | 22. STATE ALL OPERATIONS FOR DELIVERY<br><u>Emergency Caesarian Section</u>                             |   |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>      </u> m.                    |   | 23a. ATTENDANT'S SIGNATURE<br><u>R. P. Sutton</u>  |   | 23b. DATE SIGNED<br><u>9-19-56</u>  |  |
|  |   | 23c. ATTENDANT'S ADDRESS<br><u>Burley, Idaho</u>   |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>J. Garth Payne</u>                               |  |
|  |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>J. Garth Payne</u>  |   | TITLE<br><u>Burley, Idaho</u>   |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 25b. DATE<br><u>9-19-56</u>   | 25c. NAME OF CEMETERY OR CREMATORY<br><u>Pleasant View Cemetery</u>  |   | 25d. LOCATION (City, town, or county) (State)<br><u>Burley, Idaho</u>                       |  |
| DATE REC'D BY LOCAL REG.<br><u>9-21-56</u>   | REGISTRAR'S SIGNATURE<br><u>Dr. Van Deusen</u>  |  | 26. FUNERAL DIRECTOR ADDRESS<br><u>J. Garth Payne Burley, Idaho</u>                                     |   |  |





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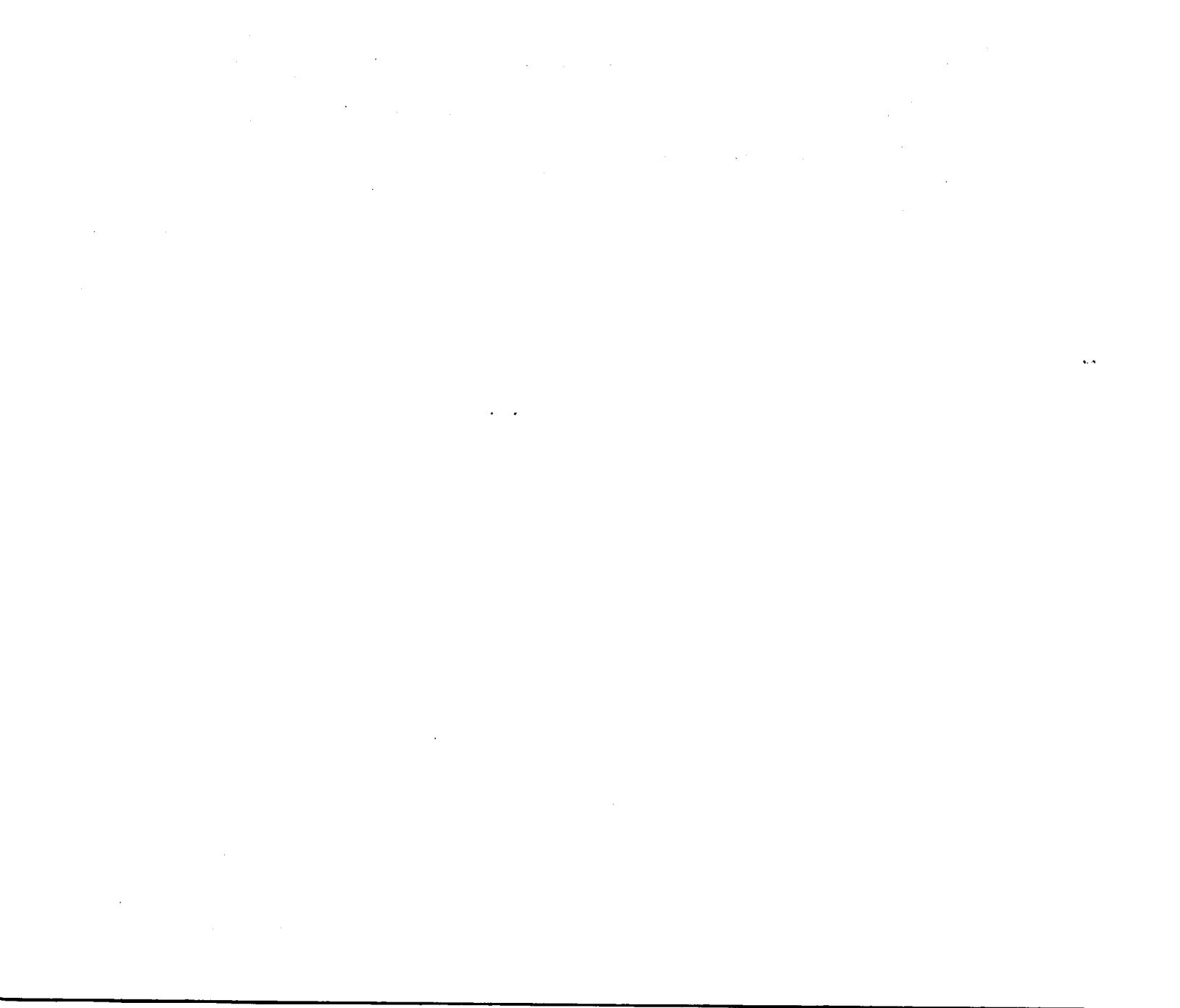
(1949 Revision of Standard Certificate)  
**CERTIFICATE OF STILLBIRTH**

State File No. 137  
Local Reg. No. 33  
Reg. Dist. No. 380-391

SEP 26 1956

State of Idaho

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF BIRTH (If outside hospital, write RURAL and give township)   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)  |   |
| a. COUNTY <u>Elmore</u>  |   | a. STATE <u>Idaho</u> b. COUNTY <u>Elmore</u>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Mountain Home</u>                                       |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Glenns Ferry</u>   |   |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Elmore Memorial Hospital</u>  |   | d. STREET ADDRESS (If rural, give location)<br><u>Commercial Street</u>   |   |
| 3. CHILD'S NAME<br>(Type or Print) <u>JOSEPH SCOTT LENNINGER</u>   |   |   |   |
| 4. SEX<br><u>Male</u>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>September 5, 1956</u>      |
| 7. FATHER'S NAME<br>a. (First) <u>Gordon</u>   |   | b. (Middle) <u>Lenninger</u> c. (Last) <u>white</u>   |   |
| 9. AGE (At time of this birth)<br><u>45</u> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><u>PEORIA, ILL.</u>  | 11a. USUAL OCCUPATION<br><u>U.P. Railroad</u>   | 11b. KIND OF BUSINESS OR INDUSTRY   |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Phyllis</u>  |   | b. (Middle) <u>Heffner</u> c. (Last) <u>white</u>   |   |
| 14. AGE (At time of this birth)<br><u>32</u> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><u>YORK, PENNA.</u>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>6</u><br>b. How many children were born alive but are now dead? <u>1</u><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u> |   |
| 17. INFORMANT<br><u>Gordon M. Lenninger</u>  |   |   |   |
| 18a. LENGTH OF PREGNANCY<br><u>36</u> WEEKS  | 18b. WEIGHT AT BIRTH<br><u>6</u> LBS. <u>0</u> OZS.   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date <u>May 1956</u>   |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES   |   |
|  |   | 20b. MATERNAL CAUSES<br><u>placenta praevia</u>   |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><u>placenta praevia</u>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><u>Version and extraction</u>  |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>m.</u>                           |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><u>W. Allen O'Brien M.D.</u>  |   |
| 23b. DATE SIGNED   |   | 23c. ATTENDANT'S ADDRESS<br><u>Glenns Ferry, Idaho</u>  |   |
| 23d. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>Arthur Smith</u>   |   | TITLE<br><u>Reg Mortuary, Inc.</u>  |   |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 25b. DATE<br><u>9/8/56</u>  | 25c. NAME OF CEMETERY OR CREMATORY<br><u>Glenn Rest Cemetery</u>  | 25d. LOCATION (City, town, or county) (State)<br><u>Glenns Ferry, Idaho</u> |
| DATE REC'D BY LOCAL REG<br><u>Sept 13 1956</u>   |   | REGISTRAR'S SIGNATURE<br><u>A. F. Anderson</u>  |   |
| 26. FUNERAL DIRECTOR<br><u>Arthur Smith</u>  |   | ADDRESS<br><u>Reg Mortuary, Inc.</u><br><u>Mtn. Home, Idaho</u>   |   |



PHS-797 (VS)  
4-48  
FEDERAL BUREAU OF INVESTIGATION  
PUBLIC HEALTH SERVICE  
**RECEIVED**  
OCT 15 1956

(1949 Revision of Standard Certificate)  
**CERTIFICATE OF STILLBIRTH**  
State of Idaho

State File No. ....  
Local Reg. No. 12  
Reg. Dist. No. 54.0

138

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF BIRTH<br>a. COUNTY <u>Franklin</u>   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Franklin</u>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Preston</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Preston, Star Rte.</u>  |   |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Preston Memorial</u>  |   | d. STREET ADDRESS (If rural, give location)   |   |
| 3. CHILD'S NAME<br>(Type or Print)<br><u>Baby Girl Conlin</u>  |   |   |   |
| 4. SEX<br><u>Female</u>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>Sept. 16, 1956</u>       |
| 7. FATHER'S NAME<br>a. (First) <u>Claude</u> b. (Middle) <u>D</u> c. (Last) <u>Conlin</u>  |   | 8. COLOR OR RACE<br><u>White</u>  |   |
| 9. AGE (At time of this birth)<br><u>39</u> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><u>Treasureton, Idaho</u>  | 11a. USUAL OCCUPATION<br><u>Farmer</u>  | 11b. KIND OF BUSINESS OR INDUSTRY<br><u>Own Farm</u>                      |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Iizzie</u> b. (Middle) c. (Last) <u>Rasmussen</u>  |   | 13. COLOR OR RACE<br><u>White</u>   |   |
| 14. AGE (At time of this birth)<br><u>37</u> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><u>Mink Creek, Idaho</u>   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>3</u><br>b. How many children were born alive but are now dead? <u>None</u><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u> |   |
| 17. INFORMANT  |   |   |   |
| 18a. LENGTH OF PREGNANCY<br><u>30</u> WEEKS  | 18b. WEIGHT AT BIRTH<br><u>2</u> LBS. - <u> </u> OZS.   | 19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/><br>Approximate date   |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><u>Unknown</u>   |   |
|  |   | 20b. MATERNAL CAUSES<br><u>None</u>   |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><u>None</u>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><u>None</u>  |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.                            |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><u>Leo R. Hawkes M.D.</u>   |   |
| 23c. ATTENDANT'S ADDRESS<br><u>Preston, Idaho</u>  |   | 23b. DATE SIGNED<br><u>9/17/56</u>  |   |
| 23d. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>Sherrin Webb</u>   |   | TITLE   |   |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 25b. DATE<br><u>Sept. 17, 1956</u>  | 25c. NAME OF CEMETERY OR CREMATORY<br><u>Mink Creek</u>   | 25d. LOCATION (City, town, or county) (State)<br><u>Mink Creek, Idaho</u> |
| DATE REC'D BY LOCAL REG.<br><u>9-17-56</u>   | REGISTRAR'S SIGNATURE<br><u>Effie W. Brower</u>   | 26. FUNERAL DIRECTOR ADDRESS<br><u>Webb Funeral Home</u> <u>Preston, Idaho</u>  |   |



RECEIVED

(1949 Revision of Standard Certificate)

## CERTIFICATE OF STILLBIRTH

State of Idaho

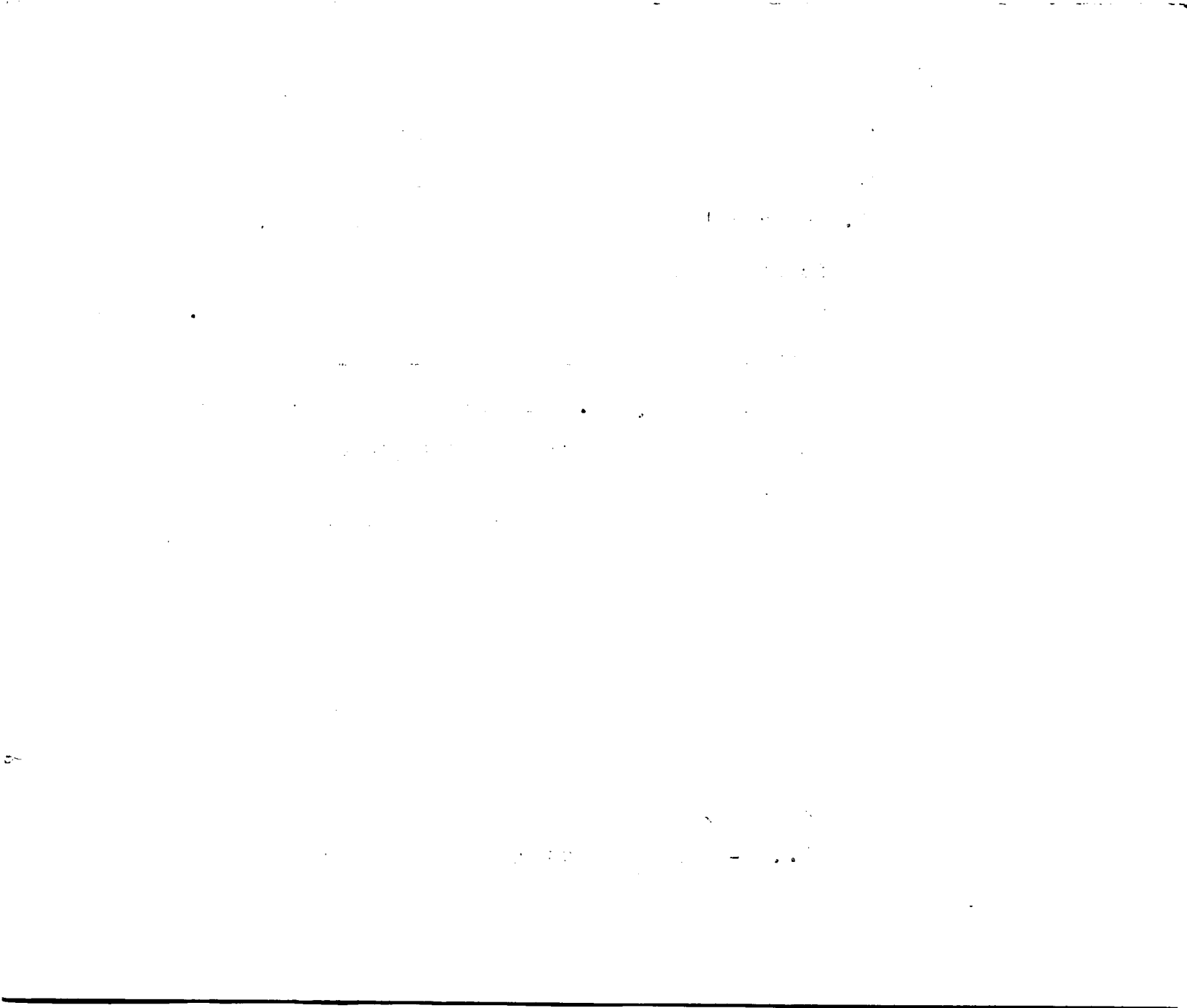
State File No. ....

Local Reg. No. 431Reg. Dist. No. 4.4.0

139

## Division of Vital Statistics

|  |   |   |   |  |                                   |
|--|---|---|---|--|-----------------------------------|
| 1. PLACE OF STILLBIRTH   |   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)  |  |                                   |
| a. COUNTY <b>Jerome</b>  |   |   | a. STATE <b>Idaho</b> b. COUNTY <b>Twin Falls</b>   |  |                                   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Jerome</b>   |   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Filer</b> |  |                                   |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR<br>INSTITUTION <b>St. Benedict's</b>   |   |   | d. STREET ADDRESS (If rural, give location)<br><b>Box 56 Filer, Idaho</b>                       |  |                                   |
| 3. CHILD'S NAME<br>(Type or Print) <b>Rickie Lee Williamson</b>  |   |   |   |  |                                   |
| 4. SEX<br><b>Male</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>                  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>Sept. 21 1956</b>                              |  |                                   |
| 7. FATHER'S NAME   |   | a. (First) <b>Maxie</b>   | b. (Middle) <b>Lee</b>  | c. (Last) <b>Williamson</b>  | 8. COLOR OR RACE<br><b>White</b>  |
| 9. AGE (At time of this birth)<br><b>36</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>Appelton City Mo.</b>   | 11a. USUAL OCCUPATION<br><b>Laborer</b>   |   | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>Bean Warehouse</b>                                     |                                   |
| 12. MOTHER'S MAIDEN NAME   |   | a. (First) <b>Carrol</b>  | b. (Middle) <b>Marie</b>  | c. (Last) <b>Richardson</b>  | 13. COLOR OR RACE<br><b>White</b> |
| 14. AGE (At time of this birth)<br><b>21</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>Twin Falls Idaho</b>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)   |   |  |                                   |
|  |   | a. How many children are now living?<br><b>4</b>  | b. How many children were born alive but are now dead?<br><b>none</b>                           | c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?<br><b>None</b> |                                   |
| 17. INFORMANT<br><b>* Max Williamson</b>   |   |   |   |  |                                   |
| 18a. LENGTH OF PREGNANCY<br><b>36</b> WEEKS  | 18b. WEIGHT AT BIRTH<br><b>6</b> LBS. <b>0</b> OZS.   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date |   |  |                                   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><b>cord wrapped around fetus neck</b>  |   |  |                                   |
|  |   | 20b. MATERNAL CAUSES<br><b>insufficient blood supply</b>  |   |  |                                   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><b>none</b>  |   |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><b>none</b>  |  |                                   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>1:22 p.m.</b>                    |   | 23a. ATTENDANT'S SIGNATURE<br><b>Wendell S. Schell</b>  |   | 23b. DATE SIGNED<br><b>7-26-56</b>   |                                   |
|  |   | 23c. ATTENDANT'S ADDRESS<br><b>Wendell S. Schell</b>  |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><b>John S. Wilkerson</b>                               |                                   |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |   | 25b. DATE<br><b>Sept. 24-56</b>   |   | 25c. NAME OF CEMETERY OR CREMATORY<br><b>IOOF Cemetery</b>                                     |                                   |
|  |   |   |   | 25d. LOCATION (City, town, or county) (State)<br><b>Filer Idaho</b>                            |                                   |
| DATE REC'D BY LOCAL REG.<br><b>Oct. 4, 1956</b>  |   | REGISTRAR'S SIGNATURE<br><b>Lester M. Rose, M.D.</b>  |   | 26. FUNERAL DIRECTOR ADDRESS<br><b>John S. Wilkerson<br/>Twin Falls, Idaho</b>                 |                                   |



SEP 24 1956

Division of Vital Statistics

(1949 Revision of Standard Certificate)

## CERTIFICATE OF STILLBIRTH

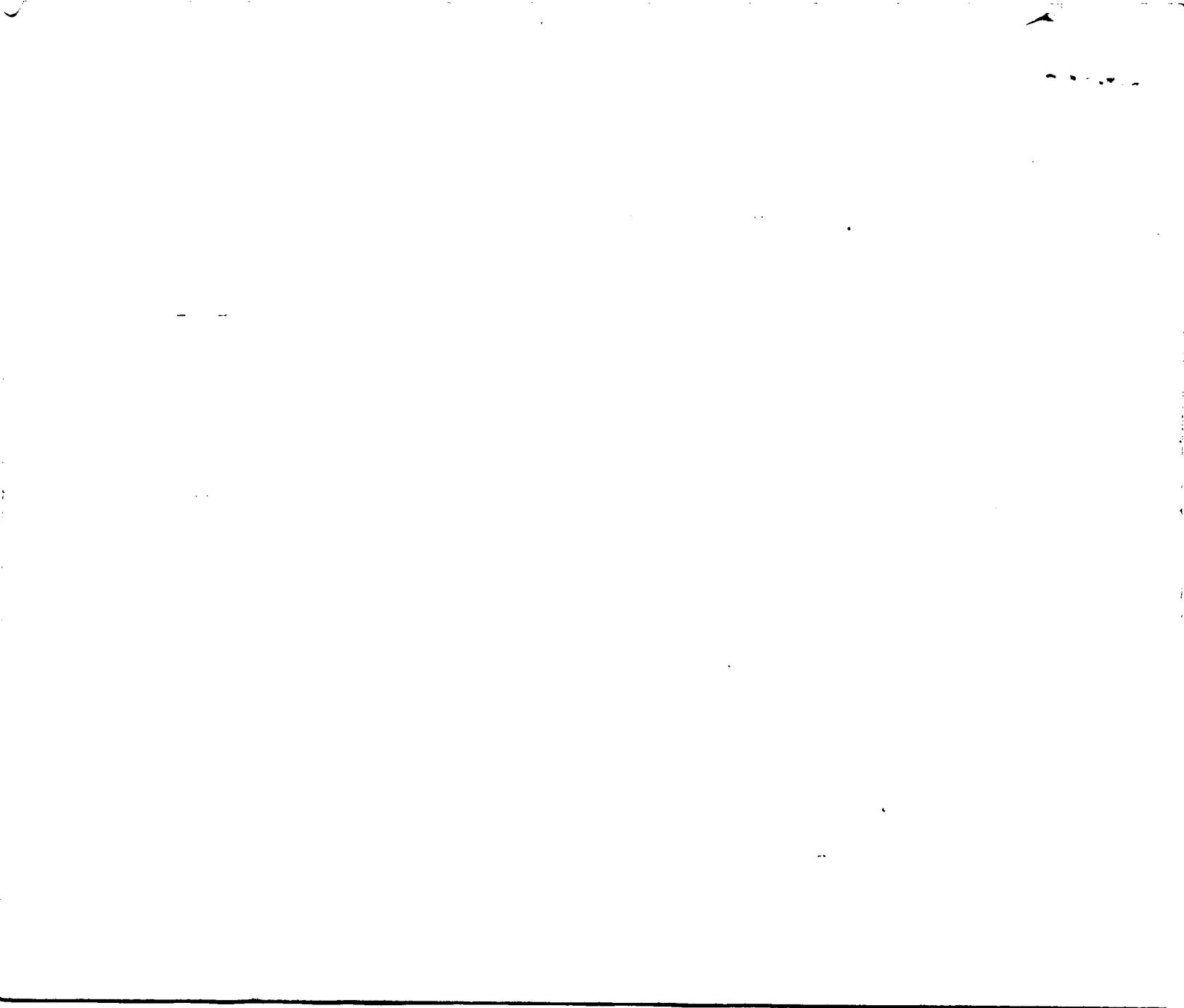
State of Idaho

State File No. 140

Local Reg. No. 191

Reg. Dist. No. 220

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <b>Nez Perce</b>   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>Idaho</b> b. COUNTY <b>Clearwater</b>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Lewiston</b>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Orofino</b>  |   |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b> |   | d. STREET ADDRESS (If rural, give location)<br><b>Glenwood</b>  |   |
| 3. CHILD'S NAME<br>(Type or Print) <b>GARY JAMES COOPER</b>  |   |   |   |
| 4. SEX<br><b>M</b>   | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>9-10-1956</b>        |
| 7. FATHER'S NAME<br><b>Charles Cooper</b>  |   | a. (First)  | b. (Middle)   |
|  |   | c. (Last)   | 8. COLOR OR RACE<br><b>White</b>                                      |
| 9. AGE (At time of this birth)<br>YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>Orofino, Idaho</b>  | 11a. USUAL OCCUPATION<br><b>Planer Operator</b>   | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>Lumber</b>                    |
| 12. MOTHER'S MAIDEN NAME<br><b>Bernice Roy Cooper</b>  |   | a. (First)  | b. (Middle)   |
|  |   | c. (Last)   | 13. COLOR OR RACE<br><b>White</b>                                     |
| 14. AGE (At time of this birth)<br><b>29</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>Orofino, Idaho</b>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>Three</b><br>b. How many children were born alive but are now dead?<br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? |   |
| 17. INFORMANT<br><b>Charles Cooper</b>   |   |   |   |
| 18a. LENGTH OF PREGNANCY<br><b>18</b> WEEKS  | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | 19. Was a standard serological test for syphilis performed? Yes..... No.....<br><b>Approximate date</b>   |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><b>Chromosomal Suggestion of Chromosomes</b>   |   |
|  |   | 20b. MATERNAL CAUSES<br><b>None</b>   |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><b>Retained after birth, Doul</b>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><b>None Delivered Section Manual Vag</b>   |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>12:30 P. m.</b>                  |   | 23a. ATTENDANT'S SIGNATURE<br><b>James B. Baadich</b>   | 23b. DATE SIGNED<br><b>9/17/56</b>                                    |
| 23c. ATTENDANT'S ADDRESS<br><b>Lewiston, Idaho.</b>  |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><b>W.E. Gilbert</b>   | TITLE<br><b>ADDRESS</b>   |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 25b. DATE<br><b>9-13-1956</b>   | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Riverside Cemetery</b>   | 25d. LOCATION (City, town, or county) (State)<br><b>Orofino Idaho</b> |
| DATE REC'D BY LOCAL REG.<br><b>9/20/56</b>   | REGISTRAR'S SIGNATURE<br><b>Cora Kinger</b>   | 26. FUNERAL DIRECTOR<br><b>W.E. Gilbert</b> ADDRESS<br><b>Orofino, Idaho</b>  |   |





## CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 141

Local Reg. No. 138

Reg. Dist. No. 178

|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <u>Shoshone</u>   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Shoshone</u>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Wallace Idaho</u>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Murray</u>  |   |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Hosp Clinic</u>  |   | d. STREET ADDRESS (If rural, give location) <u>—</u>  |   |
| 3. CHILD'S NAME<br>(Type or Print) <u>Baby BOY RANDY Scott</u>  |   |   |   |
| 4. SEX<br><u>m</u>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>Sept 24. 1956</u>          |
| 7. FATHER'S NAME<br>a. (First) <u>Robert</u> b. (Middle) <u>Claude</u> c. (Last) <u>Scott</u>   |   | COLOR OR RACE <u>W</u>  |   |
| 9. AGE (At time of this birth)<br><u>22</u> YEARS   | 10. BIRTHPLACE (State or foreign country)<br><u>New Underwood S.D.</u>  | 11a. USUAL OCCUPATION<br><u>Logging</u>   | 11b. KIND OF BUSINESS OR INDUSTRY   |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Patricia</u> b. (Middle) <u>Lee</u> c. (Last) <u>Clark</u>  |   | 13. COLOR OR RACE <u>W</u>  |   |
| 14. AGE (At time of this birth)<br><u>19</u> YEARS  | 15. BIRTHPLACE (State or foreign country)<br><u>Coeur d. Alene Ids</u>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>2</u><br>b. How many children were born alive but are now dead? <u>0</u><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u> |   |
| 17. INFORMANT<br><u>Robert Claude Scott</u>   |   |   |   |
| 18a. LENGTH OF PREGNANCY<br><u>38</u> WEEKS   | 18b. WEIGHT AT BIRTH<br><u>5</u> LBS. <u>3 3/4</u> OZS.   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date <u>5-10-56</u>  |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)<br><u>Asphyxia</u> |   | 20a. FETAL CAUSES   |   |
|   |   | 20b. MATERNAL CAUSES<br><u>Abruptio placenta</u>  |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><u>None</u>   |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><u>Caesarian Section</u>   |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>m.</u>  |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><u>E.E. Smadinger M.D.</u>  |   |
| 23b. DATE SIGNED<br><u>9-25-56</u>  |   | 23c. ATTENDANT'S ADDRESS<br><u>Wallace, Idaho</u>   |   |
| 23d. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>Wallace, Idaho</u>  |   | TITLE   |   |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)   | 25b. DATE<br><u>Sept 29. 1956</u>   | 25c. NAME OF CEMETERY OR CREMATORY<br><u>Forest</u>   | 25d. LOCATION (City, town, or county) (State)<br><u>Coeur d'Alene Idaho</u> |
| DATE REC'D BY LOCAL REG.<br><u>Sept 26-1956</u>   | REGISTRAR'S SIGNATURE<br><u>Dale L. Cornell</u>   | 26. FUNERAL DIRECTOR<br><u>Dale L. Cornell</u>  | ADDRESS<br><u>Wallace Idaho</u>   |

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RECEIVED 1949 Revision of Standard Certificate)

OCT 4 - 1956

## CERTIFICATE OF STILLBIRTH

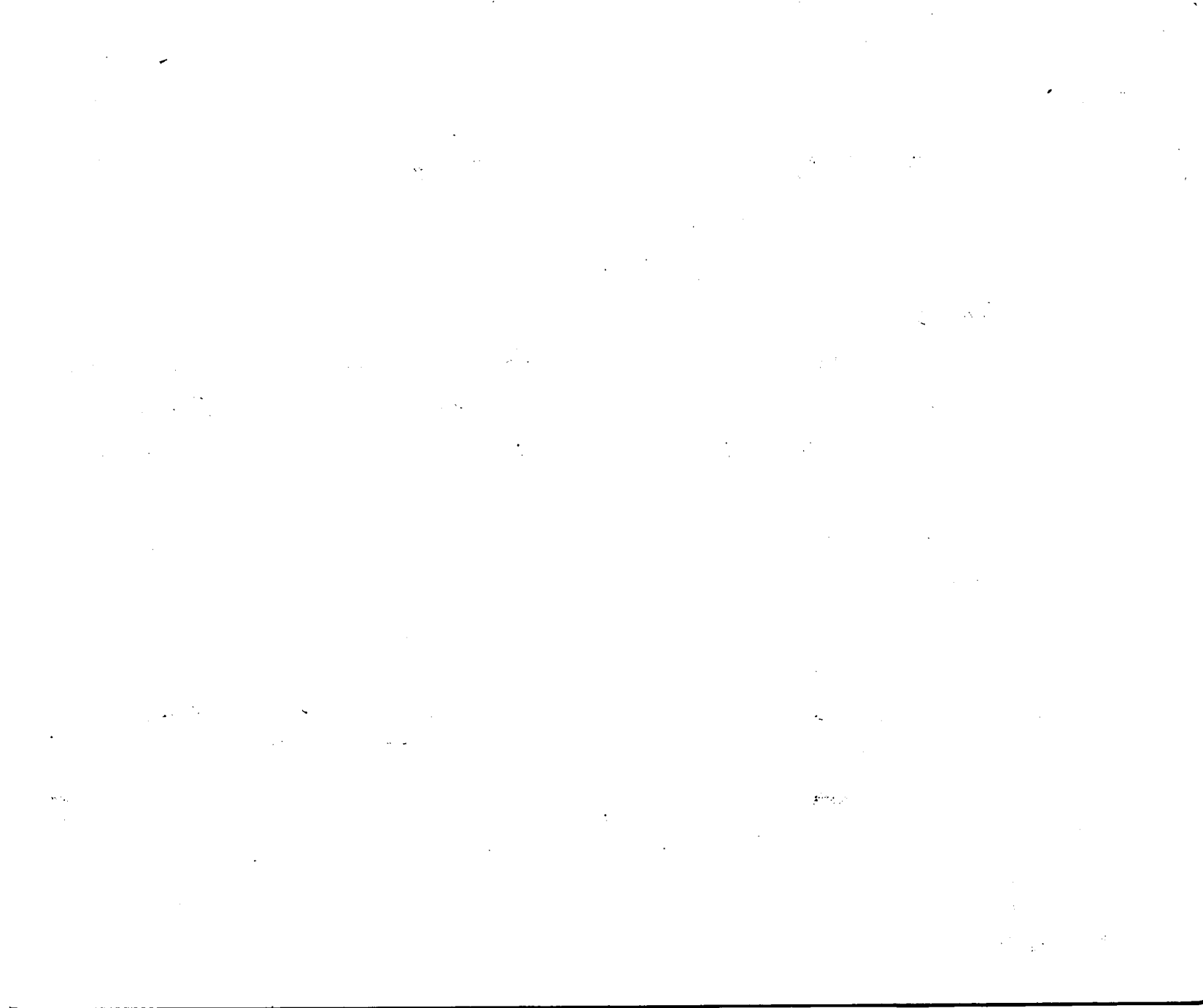
State of Idaho

State File No. 142

Local Reg. No. 225

Reg. Dist. No. 460

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <u>Twin Falls</u>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Twin Falls</u>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Twin Falls</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Filer</u>  |   |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Magic Valley Memorial</u>   |   | d. STREET ADDRESS (If rural, give location)<br><u>Rt 2</u>  |   |
| 3. CHILD'S NAME<br>(Type or Print) <u>Baby Girl Lee</u>  |   |   |   |
| 4. SEX<br><u>Female</u>  | 5a. THIS BIRTH<br>SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>   | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>9 30 56</u>  |
| 7. FATHER'S NAME<br>a. (First) <u>Kenneth</u> b. (Middle) <u>Wayne</u> c. (Last) <u>Lee</u>  |   | 8. COLOR OR RACE<br><u>White</u>  |   |
| 9. AGE (At time of this birth)<br><u>22</u> YEARS  |   | 10. BIRTHPLACE (State or foreign country)<br><u>Ind</u>   |   |
| 11a. USUAL OCCUPATION<br><u>Logger</u>   |   | 11b. KIND OF BUSINESS OR INDUSTRY<br><u>Timber</u>  |   |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Susan</u> b. (Middle) <u>Carol</u> c. (Last) <u>Lancaster</u>                                    |   | 13. COLOR OR RACE<br><u>White</u>   |   |
| 14. AGE (At time of this birth)<br><u>20</u> YEARS   |   | 15. BIRTHPLACE (State or foreign country)<br><u>Idaho</u>   |   |
| 17. INFORMANT<br><u>Father</u>   |   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>0</u><br>b. How many children were born alive but are now dead? <u>0</u><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u> |   |
| 18a. LENGTH OF PREGNANCY<br><u>40</u> WEEKS  | 18b. WEIGHT AT BIRTH<br><u>2</u> LBS. <u>6 3/4</u> OZS.   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date   |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><u>unknown</u>   |   |
|  |   | 20b. MATERNAL CAUSES<br><u>unknown</u>  |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><u>none</u>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><u>Episiotomy + outlet forceps</u>   |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.                            |   | 23a. ATTENDANT'S SIGNATURE<br><u>Dorcas D. O'Quinn MD</u> (Specify if M.D., midwife, or other)  |   |
| 23c. ATTENDANT'S ADDRESS<br><u>204 4th Avenue East, Twin Falls</u>   |   | 23b. DATE SIGNED<br><u>9/30/56</u>  |   |
| 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>J. Woodsen Creed, MD</u>  |   | TITLE<br><u>MD</u>  |   |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Cremation</u>  | 25b. DATE<br><u>10-2-56</u>   | 25c. NAME OF CEMETERY OR CREMATORY<br><u>Magic Valley Memorial Hosp. Twin Falls, Idaho</u>  | 25d. LOCATION (City, town, or county) (State)<br><u>Idaho</u> |
| DATE REC'D BY LOCAL REG.<br><u>OCT 3 1956</u>  | REGISTRAR'S SIGNATURE<br><u>Lena O. Jordan</u>  | 26. FUNERAL DIRECTOR<br><u>J. Woodsen Creed, MD</u>   |   |



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4-48

FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE

OCT 15 1956

(1949 Revision of Standard Certificate)

## CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No. 143

Local Reg. No. 225

Reg. Dist. No. 370

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY<br><b>Ada</b>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE<br><b>Idaho</b><br>b. COUNTY<br><b>Ada</b>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><b>Boise</b>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><b>Boise</b>   |  |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR<br>INSTITUTION<br><b>St. alphonse</b>  |   | d. STREET ADDRESS (If rural, give location)<br><b>120 E. 36th</b>  |  |
| 3. CHILD'S NAME<br>(Type or Print)<br><b>Ginger Williams</b>   |   |  |  |
| 4. SEX<br><b>Female</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>   | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>Oct. 1 1956</b>     |
| 7. FATHER'S NAME<br>a. (First)<br><b>Billie</b><br>b. (Middle)<br><b>Edward</b><br>c. (Last)<br><b>Williams</b>                            |   | 8. COLOR OR RACE<br><b>White</b>   |  |
| 9. AGE (At time of this birth)<br><b>25</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>Tenn.</b>   | 11a. USUAL OCCUPATION<br><b>Banquet Manager</b>  | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>Owyhee Hotel</b>             |
| 12. MOTHER'S MAIDEN NAME<br>a. (First)<br><b>Virginia</b><br>b. (Middle)<br><b>Tenn.</b><br>c. (Last)<br><b>Hill</b>                       |   | 13. COLOR OR RACE<br><b>White</b>  |  |
| 14. AGE (At time of this birth)<br><b>23</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>Tenn.</b>   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living?<br><b>4</b><br>b. How many children were born alive but are now dead?<br><b>1</b><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? |  |
| 17. INFORMANT<br><b>Billie Williams</b>  |   |  |  |
| 18a. LENGTH OF PREG-NANCY<br><b>39</b> WEEKS   | 18b. WEIGHT AT BIRTH<br><b>5</b> LBS. 1 OZS.  | 19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/><br>Approximate date  |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><b>Anoxia due to Pressure on Cord.</b><br>20b. MATERNAL CAUSES  |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><b>Breech Delivery</b>   |   | 22. STATE ANY OPERATIONS FOR DELIVERY<br><b>Breech Extraction</b>  |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>6 am.</b>                        |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><b>Mark D. Lerdumthien M.D.</b><br>23b. DATE SIGNED<br><b>10-4-56</b>  |  |
| 23c. ATTENDANT'S ADDRESS<br><b>Boise Idaho</b>   |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><b>Daniel H. Giben</b><br>TITLE<br><b>Boise</b>  |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 25b. DATE<br><b>Oct. 2 1956</b>   | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Cloverdale</b>  | 25d. LOCATION (City, town, or county) (State)<br><b>Boise, Idaho</b> |
| DATE REC'D BY LOCAL REG.<br><b>10-11-56</b>  | REGISTRAR'S SIGNATURE<br><b>Myrtle Palmer</b>   | 26. FUNERAL DIRECTOR<br><b>Schreiber-McCann-Gibson</b><br>ADDRESS<br><b>Boise</b>  |  |

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OCT 12 1956

Division of Vital Statistics

(1949 Revision of Standard Certificate)  
CERTIFICATE OF STILLBIRTH  
State of Idaho

State File No. 144  
Local Reg. No. 323  
Reg. Dist. No. 370

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <u>Ada</u>  |  | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Boise</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Boise</u>      |  |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR<br>INSTITUTION <u>St. Luke's Hospital</u> |  | d. STREET ADDRESS (If rural, give location)<br><u>1515 Roosevelt St.</u>                             |  |

|   |   |  |  |
|---|---|--|--|
| 3. CHILD'S NAME<br>(Type or Print)<br><u>JOEL ALAN JENSEN</u> |   |  |  |
| 4. SEX<br><u>Male</u>   | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>Oct. 5 1956</u> |

|   |  |   |   |
|---|--|---|---|
| 7. FATHER'S NAME<br>a. (First) <u>CHARLES</u> b. (Middle) <u>A.</u> c. (Last) <u>JENSEN</u> |  |   | 8. COLOR OR RACE<br><u>White</u>                              |
| 9. AGE (At time of this birth)<br><u>21</u> YEARS   | 10. BIRTHPLACE (State or foreign country)<br><u>Boise, Idaho</u> | 11a. USUAL OCCUPATION<br><u>Station Attendant</u> | 11b. KIND OF BUSINESS OR INDUSTRY<br><u>Standard Stations</u> |

|   |   |   |                                   |
|---|---|---|-----------------------------------|
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>ALETHA</u> b. (Middle) <u>GANT</u> c. (Last) <u>White</u> |   |   | 13. COLOR OR RACE<br><u>White</u> |
| 14. AGE (At time of this birth)<br><u>20</u> YEARS  | 15. BIRTHPLACE (State or foreign country)<br><u>Dietrich, Idaho</u> | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>1</u><br>b. How many children were born alive but are now dead? <u>0</u><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u> |                                   |
| 17. INFORMANT<br><u>Charles A. Jensen</u>   |   |   |                                   |

|                                   |                                   |   |
|-----------------------------------|-----------------------------------|---|
| 18a. LENGTH OF PREGNANCY<br>WEEKS | 18b. WEIGHT AT BIRTH<br>LBS. OZS. | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date <u>Jan 56</u> |
|-----------------------------------|-----------------------------------|---|

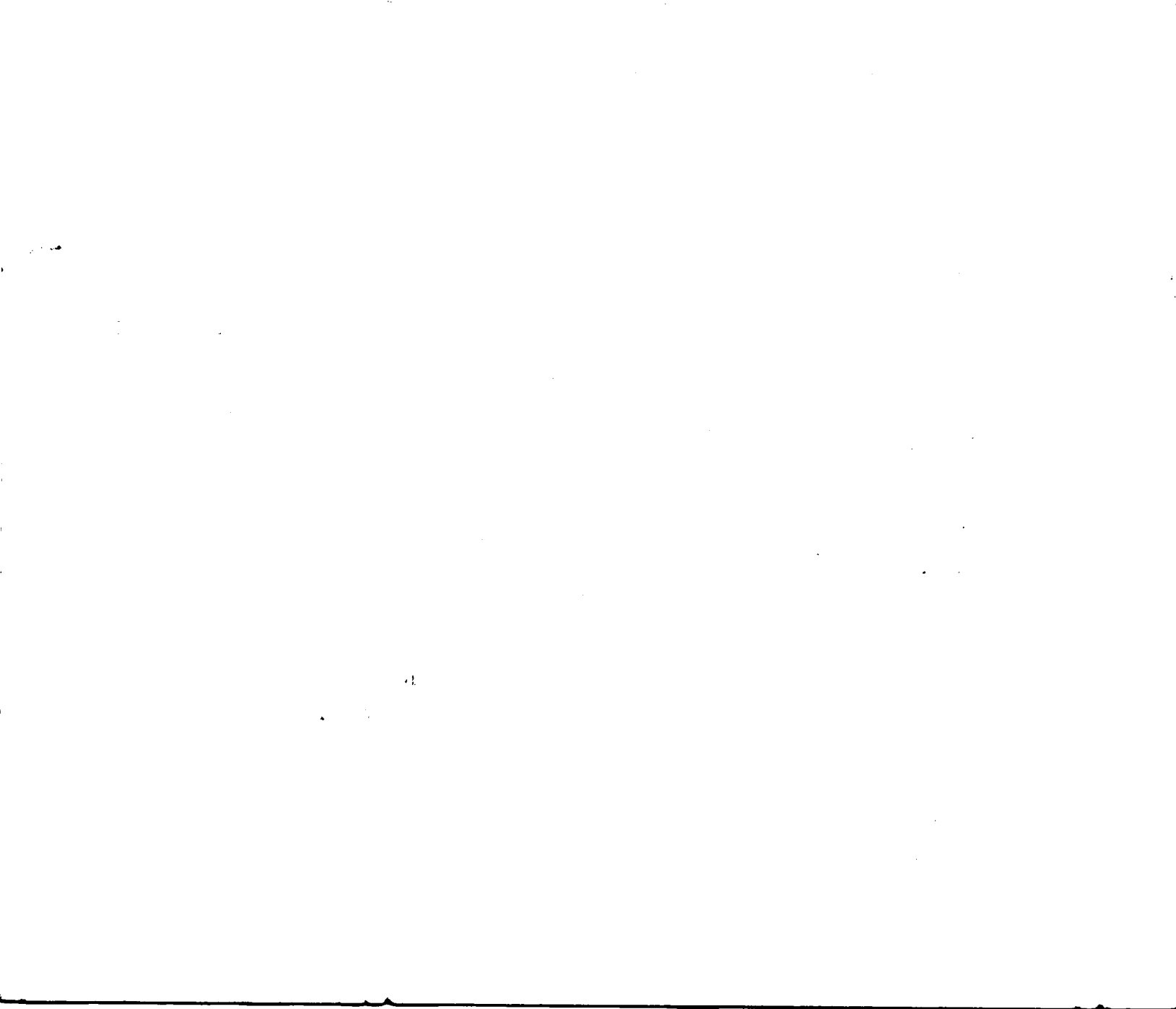
|  |  |                      |
|--|--|----------------------|
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) | 20a. FETAL CAUSES<br><u>Protruding Cord &amp; pressure</u> | 20b. MATERNAL CAUSES |
|--|--|----------------------|

|  |  |
|--|--|
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><u>Occiput Posterior</u> | 22. STATE ALL OPERATIONS FOR DELIVERY<br><u>Cesarean Section</u> |
|--|--|

|   |  |  |  |                                    |
|---|--|--|--|------------------------------------|
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>P.O. Box 45, m.</u> |  | 23a. ATTENDANT'S SIGNATURE<br><u>Stewart Merrill</u> | (Specify if M. D., midwife, or other)                          | 23b. DATE SIGNED<br><u>10/5/56</u> |
| 23c. ATTENDANT'S ADDRESS<br><u>Boise, Idaho</u>   |  | IF NOT attended by physician                         | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>Robert A. DeBar</u> |                                    |

|  |                                  |  |  |
|--|----------------------------------|--|--|
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 25b. DATE<br><u>Oct. 9, 1956</u> | 25c. NAME OF CEMETERY OR CREMATORY<br><u>Morris Hill</u> | 25d. LOCATION (City, town, or county) (State)<br><u>Boise, Idaho</u> |
|--|----------------------------------|--|--|

|   |   |  |                                |
|---|---|--|--------------------------------|
| DATE REC'D BY LOCAL REG.<br><u>10-10-56</u> | REGISTRAR'S SIGNATURE<br><u>Myrtle Palmer</u> | 26. FUNERAL DIRECTOR<br><u>Robert A. DeBar</u> | ADDRESS<br><u>Boise, Idaho</u> |
|---|---|--|--------------------------------|





OCT 30 1956

Division of Vital Statistics

(1949 Revision of Standard Certificate)

## CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 145

Local Reg. No. 7

Reg. Dist. No. 570

|  |   |   |  |  |                                   |
|--|---|---|--|--|-----------------------------------|
| 1. PLACE OF STILLBIRTH   |   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)   |  |                                   |
| a. COUNTY <b>Bannock</b>   |   |   | a. STATE <b>Idaho</b> b. COUNTY <b>Bannock</b>   |  |                                   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Pocatello</b>   |   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Pocatello</b> |  |                                   |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bannock Memorial Hospital</b>   |   |   | d. STREET ADDRESS (If rural, give location)<br><b>715 Northland</b>                              |  |                                   |
| 3. CHILD'S NAME<br>(Type or Print) <b>BABY BOY BURKHART</b>  |   |   |  |  |                                   |
| 4. SEX<br><b>Male</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>                  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>August 11, 1956</b>                             |  |                                   |
| 7. FATHER'S NAME   |   | a. (First) <b>John</b>  | b. (Middle) <b>Napier</b>  | c. (Last) <b>Burkhart</b>  | 8. COLOR OR RACE<br><b>White</b>  |
| 9. AGE (At time of this birth)<br><b>30</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>Antigo, Wis.</b>  | 11a. USUAL OCCUPATION<br><b>Child Welfare Consultant, Idaho Dept. of Public Asst.</b>   |  |  |                                   |
| 12. MOTHER'S MAIDEN NAME   |   | a. (First) <b>Anita</b>   | b. (Middle) <b>Jane</b>  | c. (Last) <b>McInnis</b>   | 13. COLOR OR RACE<br><b>White</b> |
| 14. AGE (At time of this birth)<br><b>28</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>Rice Lake, Wis.</b>   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)   |  |  |                                   |
| 17. INFORMANT<br><b>John Burkhardt, Father</b>   |   | a. How many children are now living?<br><b>One</b>  | b. How many children were born alive but are now dead?<br><b>None</b>                            | c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?<br><b>None</b> |                                   |
| 18a. LENGTH OF PREGNANCY<br><b>36</b> WEEKS  | 18b. WEIGHT AT BIRTH<br><b>Not LBS. done</b>  | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date |  |  |                                   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><b>Erythroblastosis Fetalis.</b>   |  |  |                                   |
|  |   | 20b. MATERNAL CAUSES  |  |  |                                   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR   |   |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><b>Low Forceps.</b>                                     |  |                                   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>12:47 P. m.</b>                  |   | 23a. ATTENDANT'S SIGNATURE<br><b>H. L. Olsen, M.D.</b>  |  | 23b. DATE SIGNED<br><b>8-23-56.</b>  |                                   |
|  |   | 23c. ATTENDANT'S ADDRESS  |  | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><b>Paul Kelly</b> TITLE <b>Administrator</b>           |                                   |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Crementation</b>   |   | 25b. DATE<br><b>8-13-56</b>   | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Bannock Memorial Hosp.</b>                              | 25d. LOCATION (City, town, or county) (State)<br><b>Pocatello Idaho</b>                        |                                   |
| DATE REC'D BY LOCAL<br><b>SEP 10 1956</b>  | REGISTRAR'S SIGNATURE<br><b>Geraldine Smart</b>   | 26. FUNERAL DIRECTOR<br><b>Paul Kelly, Pocatello, Idaho</b>   |  |  |                                   |

CERTIFICATE OF BIRTH

Oct 20 1950

State of New York  
County of New York  
City of New York

(This Certificate is subject to the provisions of the laws of the State of New York relating to the registration of births and deaths.)

Name of child

John Joseph

Sex

Male

Date of birth

October 20, 1950

Place of birth

New York City

Parents

John Joseph

John Joseph

John Joseph

John Joseph

John Joseph

John Joseph

John Joseph

John Joseph

John Joseph

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FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)  
**CERTIFICATE OF STILLBIRTH**  
State of Idaho

State File No. 146  
Local Reg. No. 8  
Reg. Dist. No. 5.10

Division of Vital Statistics

|  |  |  |                             |
|--|--|--|-----------------------------|
| 1. PLACE OF STILLBIRTH   |  | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)                                   |                             |
| a. COUNTY<br><b>Bannock</b>  | b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Pocatello</b> | a. STATE<br><b>Idaho</b>   | b. COUNTY<br><b>Bannock</b> |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTE <b>Bannock Memorial Hospital</b> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Pocatello</b> |                             |
|  |  | d. STREET ADDRESS (If rural, give location)<br><b>47 Portneuf Park</b>                   |                             |

|   |   |  |  |
|---|---|--|--|
| 3. CHILD'S NAME<br>(Type or Print)<br><b>BABY GIRL MENDENHALL</b> |   |  |  |
| 4. SEX<br><b>Female</b>   | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>September 4, 1956</b> |
| 7. FATHER'S NAME  |   | 8. COLOR OR RACE   |  |
| a. (First)<br><b>Lorin</b>  |   | b. (Middle)<br><b>K.</b>   | c. (Last)<br><b>Mendenhall</b>   |
| 9. AGE (At time of this birth)<br><b>35</b> YEARS                 | 10. BIRTHPLACE (State or foreign country)<br><b>Dayton, Idaho</b>   | 11a. USUAL OCCUPATION<br><b>Operator</b>   | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>Westvaco</b>                   |
| 12. MOTHER'S MAIDEN NAME  |   | 13. COLOR OR RACE  |  |
| a. (First)<br><b>Florence</b>                                     |   | b. (Middle)<br><b>Crockett</b>   | c. (Last)<br><b>White</b>  |
| 14. AGE (At time of this birth)<br><b>28</b> YEARS                | 15. BIRTHPLACE (State or foreign country)<br><b>Preston, Idaho</b>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)  |  |
|   |   | a. How many children are now living?<br><b>Three</b>   | b. How many children were born alive but are now dead?<br><b>None</b>  |
| 17. INFORMANT<br><b>Florence Mendenhall</b>                       |   | c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?<br><b>None</b>                                     |  |

|   |  |   |
|---|--|---|
| 18a. LENGTH OF PREGNANCY<br><b>36</b> WEEKS | 18b. WEIGHT AT BIRTH<br><b>5</b> LBS. <b>14</b> OZS. | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date |
|---|--|---|

|  |   |   |
|--|---|---|
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) | 20a. FETAL CAUSES<br><i>Cause or causes unknown</i> | <i>Both occurred approx 3 days before birth</i> |
|  | 20b. MATERNAL CAUSES<br><i>None apparent.</i>       |   |

|   |  |
|---|--|
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><i>None</i> | 22. STATE ALL OPERATIONS FOR DELIVERY<br><i>None</i> |
|---|--|

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|--|---|--|
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>5:07 A. m.</b> | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><i>M. D. Heavne</i> | 23b. DATE SIGNED<br><b>11 Oct 1956</b> |
|  | 23c. ATTENDANT'S ADDRESS  | 24. SIGNATURE OF AUTHORIZED OFFICIAL   |
| If NOT attended by physician   |   | TITLE                                  |

|  |                            |  |   |
|--|----------------------------|--|---|
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 25b. DATE<br><b>9-5-56</b> | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Dayton Cemetery</b> | 25d. LOCATION (City, town, or county) (State)<br><b>Dayton Franklin Idaho</b> |
|--|----------------------------|--|---|

|   |   |  |  |
|---|---|--|--|
| DATE REC'D BY LOCAL REG.<br><b>Nov 1 1956</b> | REGISTRAR'S SIGNATURE<br><i>Seraldine Smart</i> | 26. FUNERAL DIRECTOR<br><i>Cliff Manning</i> | ADDRESS<br><b>510 No. 12th Ave. Pocatello, Idaho</b> |
|---|---|--|--|

CERTIFICATE OF STILLBIRTH  
State of Idaho

|                      |                             |                     |                    |
|----------------------|-----------------------------|---------------------|--------------------|
| 1. NAME OF CHILD     | 2. SEX                      | 3. DATE OF BIRTH    | 4. TIME OF BIRTH   |
| 5. PLACE OF BIRTH    | 6. COUNTY                   | 7. CITY             | 8. HOSPITAL        |
| 9. NAME OF PHYSICIAN | 10. NAME OF ATTENDING NURSE | 11. NAME OF MIDWIFE | 12. NAME OF DOCTOR |

|                               |                               |                               |                               |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 13. NAME OF FATHER            | 14. NAME OF MOTHER            | 15. NAME OF GRANDFATHER       | 16. NAME OF GRANDMOTHER       |
| 17. NAME OF GREAT-GRANDFATHER | 18. NAME OF GREAT-GRANDMOTHER | 19. NAME OF GREAT-GRANDFATHER | 20. NAME OF GREAT-GRANDMOTHER |
| 21. NAME OF GREAT-GRANDFATHER | 22. NAME OF GREAT-GRANDMOTHER | 23. NAME OF GREAT-GRANDFATHER | 24. NAME OF GREAT-GRANDMOTHER |

|                               |                               |                               |                               |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 25. NAME OF GREAT-GRANDFATHER | 26. NAME OF GREAT-GRANDMOTHER | 27. NAME OF GREAT-GRANDFATHER | 28. NAME OF GREAT-GRANDMOTHER |
| 29. NAME OF GREAT-GRANDFATHER | 30. NAME OF GREAT-GRANDMOTHER | 31. NAME OF GREAT-GRANDFATHER | 32. NAME OF GREAT-GRANDMOTHER |
| 33. NAME OF GREAT-GRANDFATHER | 34. NAME OF GREAT-GRANDMOTHER | 35. NAME OF GREAT-GRANDFATHER | 36. NAME OF GREAT-GRANDMOTHER |

|                               |                               |                               |                               |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 37. NAME OF GREAT-GRANDFATHER | 38. NAME OF GREAT-GRANDMOTHER | 39. NAME OF GREAT-GRANDFATHER | 40. NAME OF GREAT-GRANDMOTHER |
| 41. NAME OF GREAT-GRANDFATHER | 42. NAME OF GREAT-GRANDMOTHER | 43. NAME OF GREAT-GRANDFATHER | 44. NAME OF GREAT-GRANDMOTHER |
| 45. NAME OF GREAT-GRANDFATHER | 46. NAME OF GREAT-GRANDMOTHER | 47. NAME OF GREAT-GRANDFATHER | 48. NAME OF GREAT-GRANDMOTHER |

## Division of Vital Statistics

(1949 Revision of Standard Certificate)  
CERTIFICATE OF STILLBIRTH  
State of IdahoState File No. 147  
Local Reg. No. 7  
Reg. Dist. No. 510

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <u>Bannock</u><br>b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Pocatello</u><br>c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Bannock Memorial Hospital</u> |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u><br>c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Pocatello</u><br>d. STREET ADDRESS (If rural, give location) <u>640 Zener</u>                  |   |
| 3. CHILD'S NAME<br>(Type or Print) <u>BABY BOY COBBLEY</u>   |   |  |   |
| 4. SEX<br><u>Male</u>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>   | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>September 20, 1956</u> |
| 7. FATHER'S NAME<br>a. (First) <u>James</u> b. (Middle) <u>Raymond</u> c. (Last) <u>Cobbley</u>  |   | 8. COLOR OR RACE<br><u>White</u>   |   |
| 9. AGE (At time of this birth)<br><u>29</u> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><u>Riverside, Idaho</u>  | 11a. USUAL OCCUPATION<br><u>Laborer</u>  | 11b. KIND OF BUSINESS OR INDUSTRY<br><u>Westvaco</u>                    |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Zula</u> b. (Middle) <u>Rebecca</u> c. (Last) <u>Floyd</u>   |   | 13. COLOR OR RACE<br><u>White</u>  |   |
| 14. AGE (At time of this birth)<br><u>37</u> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><u>St. Charles, Idaho</u>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>Three</u><br>b. How many children were born alive but are now dead? <u>One</u><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u> |   |
| 17. INFORMANT<br><u>Zula Rebecca Cobbley, Mother</u>   |   |  |   |
| 18a. LENGTH OF PREGNANCY<br><u>21</u> WEEKS  | 18b. WEIGHT AT BIRTH<br><u>?</u> LBS. <u>?</u> OZS.   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br><u>Approximate date</u>   |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)   | 20a. FETAL CAUSES<br><u>Pro lapse of cord. Prematurity</u>  |  |   |
|  | 20b. MATERNAL CAUSES  |  |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR   |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><u>Breech extraction</u>  |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>9:20 P.m.</u>  | 23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other)<br><u>[Signature]</u>                                       |  | 23b. DATE SIGNED<br><u>10-1-56</u>                                      |
|  | 23c. ATTENDANT'S ADDRESS<br><u>Pocatello</u>  | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>[Signature]</u>   | TITLE   |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)  | 25b. DATE   | 25c. NAME OF CEMETERY OR CREMATORY   | 25d. LOCATION (City, town, or county) (State)                           |
| DATE REC'D BY LOCAL REG.<br><u>NOV 5 1956</u>  | REGISTRAR'S SIGNATURE<br><u>Geraldine Smith</u>   |  | 26. FUNERAL DIRECTOR ADDRESS<br><u>[Signature]</u>                      |

ON FILE

CERTIFICATE OF TITLE

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CERTIFICATE OF STILLBIRTH  
State of IdahoState File No. 148  
Local Reg. No. 42  
Reg. Dist. No. 130

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|---|---|--|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <b>Benewah</b>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>Idaho</b> b. COUNTY <b>Benewah</b>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St. Maries, Idaho</b>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St. Maries, Idaho</b>  |  |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR<br>INSTITUTION <b>St. Maries Hosp. &amp; Clinic</b> |   | d. STREET ADDRESS (If rural, give location)<br><b>Route 4</b>  |  |
| 3. CHILD'S NAME<br>(Type or Print) <b>Baby Walden</b>   |   |  |  |
| 4. SEX<br><b>Female</b>   | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>   | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>October 10, 1956</b>                |
| 7. FATHER'S NAME<br>a. (First) <b>Everett</b> b. (Middle) <b>Ray</b> c. (Last) <b>Walden</b>  |   | 8. COLOR OR RACE<br><b>White</b>   |  |
| 9. AGE (At time of this birth)<br><b>49</b> YEARS   | 10. BIRTHPLACE (State or foreign country)<br><b>Burton, Kansas</b>  | 11a. USUAL OCCUPATION<br><b>Electrician</b>  | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>Elec. Appliances</b>                         |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>Zelma</b> b. (Middle) <b>Ma</b> c. (Last) <b>Jones</b>  |   | 13. COLOR OR RACE<br><b>White</b>  |  |
| 14. AGE (At time of this birth)<br><b>34</b> YEARS  | 15. BIRTHPLACE (State or foreign country)<br><b>Firth, Idaho</b>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>8</b><br>b. How many children were born alive but are now dead? <b>- - -</b><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? |  |
| 17. INFORMANT<br><b>Mrs. Everett Walden</b>   |   |  |  |
| 18a. LENGTH OF PREGNANCY<br><b>35</b> WEEKS   | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date  |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)              | 20a. FETAL CAUSES<br><b>Hydrops fetalis</b>   |  |  |
|   | 20b. MATERNAL CAUSES<br><b>RH negative blood</b>  |  |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><b>none</b>   |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><b>none</b>   |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>m.</b>  | 23a. ATTENDANT'S SIGNATURE<br><b>Bergene C. Rapp</b> (Specify if M. D., midwife, or other) <b>M.D.</b>                      |  | 23b. DATE SIGNED<br><b>10-10-56</b>  |
|   | 23c. ATTENDANT'S ADDRESS<br><b>St. Maries, Idaho</b>  |  | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><b>Gerald E. Branning</b> TITLE <b>Idaho</b> |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 25b. DATE<br><b>Oct. 11, 1956</b>   | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Woodlawn</b>  | 25d. LOCATION (City, town, or county) (State)<br><b>St. Maries Idaho</b>             |
| DATE REC'D BY LOCAL REG.<br><b>10-22-56</b>   | REGISTRAR'S SIGNATURE<br><b>Jean R. Hanley</b>  | 26. FUNERAL DIRECTOR ADDRESS<br><b>Gerald E. Branning St. Maries Idaho</b>   |  |





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OCT 12 1956

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 149  
Local Reg. No. 180  
Reg. Dist. No. 62

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY Bingham  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE Idaho b. COUNTY Bingham  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN Rural - Blackfoot  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN Rural - Blackfoot   |  |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION Bingham Memorial Hospital  |   | d. STREET ADDRESS (If rural, give location)<br>Route #3, Blackfoot,   |  |
| 3. CHILD'S NAME<br>(Type or Print) James Funk Johnson  |   |   |  |
| 4. SEX<br>male   | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br>Oct. 6, 1956                 |
| 7. FATHER'S NAME<br>a. (First) Craig b. (Middle) Waterman c. (Last) Johnson  |   | 8. COLOR OR RACE<br>white   |  |
| 9. AGE (At time of this birth)<br>31 YEARS   | 10. BIRTHPLACE (State or foreign country)<br>Idaho Falls, Idaho   | 11a. USUAL OCCUPATION<br>Farmer   | 11b. KIND OF BUSINESS OR INDUSTRY<br>On Farm                               |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) Ramona b. (Middle) Anita c. (Last) Funk   |   | 13. COLOR OR RACE<br>white  |  |
| 14. AGE (At time of this birth)<br>21 YEARS  | 15. BIRTHPLACE (State or foreign country)<br>Richmond, Utah   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? none b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none |  |
| 17. INFORMANT<br>April R Funk  |   |   |  |
| 18a. LENGTH OF PREGNANCY<br>36 WEEKS   | 18b. WEIGHT AT BIRTH<br>7 LBS. 6 OZS.   | 19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/><br>Approximate date May 1956  |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br>Cord around the neck tightened during labor<br>20b. MATERNAL CAUSES<br>NONE  |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br>NONE   |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br>NONE   |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.                            |   | 23a. ATTENDANT'S SIGNATURE<br>(Specify if M. D., midwife, or other) M. D.<br>23b. DATE SIGNED<br>10-8-56<br>23c. ATTENDANT'S ADDRESS<br>Blackfoot, Idaho<br>23d. SIGNATURE OF AUTHORIZED OFFICIAL<br>TITLE  |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  | 25b. DATE<br>10-8-56  | 25c. NAME OF CEMETERY OR CREMATORY<br>Grove City Cemetery   | 25d. LOCATION (City, town, or county) (State)<br>Blackfoot, Bingham, Idaho |
| DATE REC'D BY LOCAL REG.<br>Oct. 9-1956  |   | 26. FUNERAL DIRECTOR<br>ADDRESS<br>Mrs. Walter E. Patten Howard Puckham Blackfoot, Idaho  |  |



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FEDERAL BUREAU OF INVESTIGATION  
PUBLIC HEALTH SERVICE

Division of Vital Statistics

(1949 Revision of Standard Certificate)  
CERTIFICATE OF STILLBIRTH  
State of IdahoState File No. 150  
Local Reg. No. 219  
Reg. Dist. No. 610

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <b>Bonneville</b>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>Idaho</b> b. COUNTY <b>Bonneville</b>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Idaho Falls</b>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Idaho Falls</b>   |  |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <b>Sacred Heart</b>        |   | d. STREET ADDRESS (If rural, give location)<br><b>540 W 20th</b>   |  |
| 3. CHILD'S NAME<br>(Type or Print) <b>INFANT HODGES</b>  |   |  |  |
| 4. SEX<br><b>Male</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>9 / 20 / 56</b>           |
| 7. FATHER'S NAME<br>a. (First) <b>Howard</b> b. (Middle) <b>-</b> c. (Last) <b>Hodges</b>  |   | 8. COLOR OR RACE<br><b>White</b>   |  |
| 9. AGE (At time of this birth)<br><b>37</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>Mo.</b>   | 11a. USUAL OCCUPATION<br><b>Truck driver</b>   | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>Ready Mixed concrete</b>           |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>La Wanda</b> b. (Middle) <b>-</b> c. (Last) <b>Forshee</b>                                       |   | 13. COLOR OR RACE<br><b>White</b>  |  |
| 14. AGE (At time of this birth)<br><b>32</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>Panca City, Okla.</b>   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>1</b> b. How many children were born alive but are now dead? <b>0</b> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b>            |  |
| 17. INFORMANT<br><b>X Howard Hodges</b>  |   |  |  |
| 18a. LENGTH OF PREGNANCY<br>WEEKS  | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | 19. Was a standard serological test for syphilis performed? Yes. <b>2</b> No. <b>.....</b><br>Approximate date   |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><b>Cord strangulation (Compression)</b><br>20b. MATERNAL CAUSES<br><b>None</b>  |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR   |   | 22. STATE ALL OPERATIONS FOR DELIVERY  |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>Idaho Falls</b> m.               |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><b>David H. Smith M.D.</b><br>23b. DATE SIGNED<br><b>9-26-56</b><br>23c. ATTENDANT'S ADDRESS<br><b>Idaho Falls Idaho</b><br>24. SIGNATURE OF AUTHORIZED OFFICIAL<br><b>Orland C. Beck</b><br>TITLE<br><b>Idaho Falls</b> |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 25b. DATE<br><b>9/21/56</b>   | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Rose Hill Cemetery</b>  | 25d. LOCATION (City, town, or county) (State)<br><b>Idaho Falls, Idaho</b> |
| DATE REC'D BY LOCAL REG.<br><b>Oct. 22-1956</b>  |   | 26. FUNERAL DIRECTOR ADDRESS<br><b>Orland C. Beck Idaho Falls</b>  |  |



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(1949 Revision of Standard Certificate)

004-23 1956

**CERTIFICATE OF STILLBIRTH****Division of Vital Statistics****State of Idaho**

State File No. ....

151

Local Reg. No. ....

202

Reg. Dist. No. ....

610

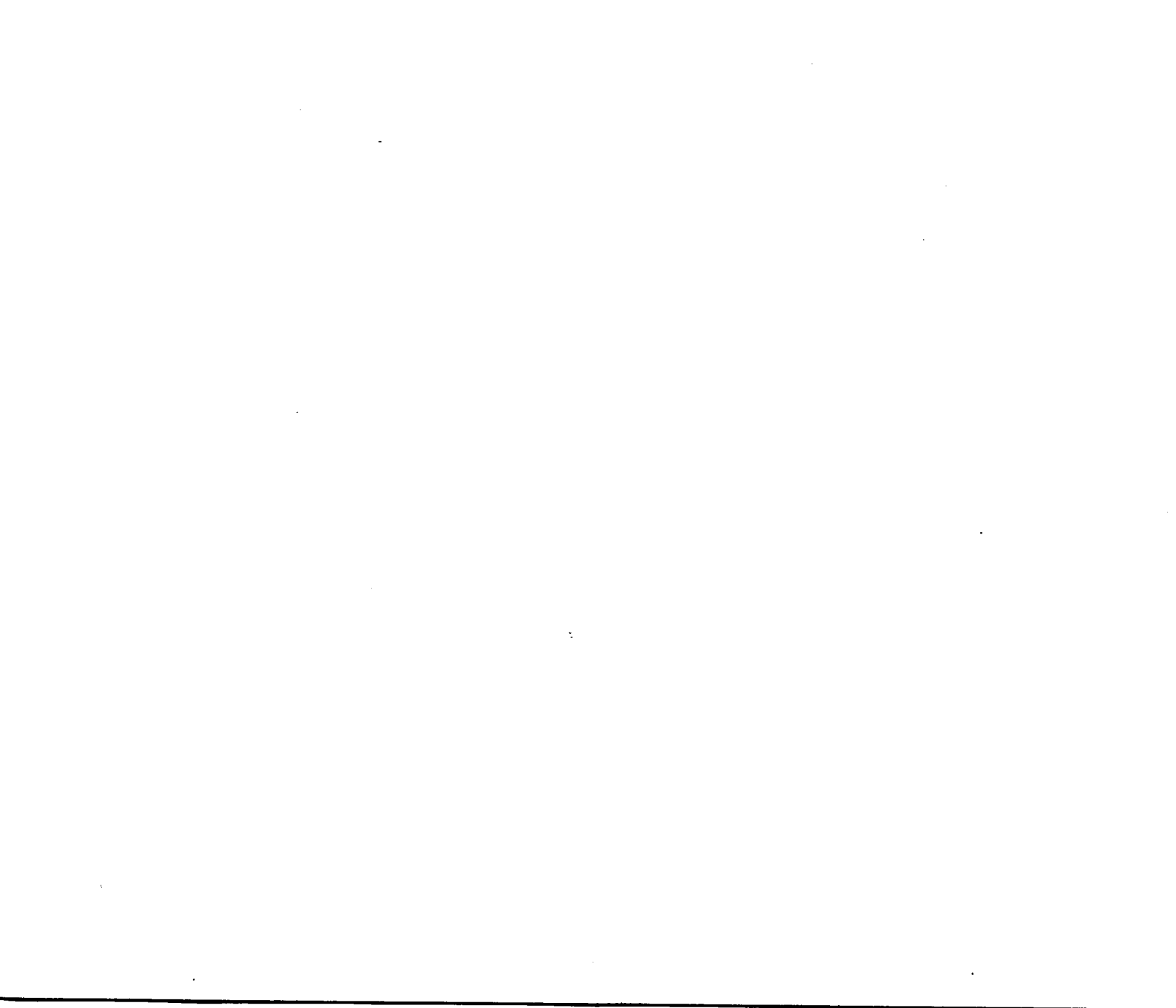
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|--|---|---|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <b>Bonneville</b>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>Idaho</b> b. COUNTY <b>Fremont</b>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Idaho Falls</b>  |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Anthony</b>   |  |
| c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Sacred Heart Hosnital</b>  |   | d. STREET ADDRESS (If rural, give location) <b>Route 1</b>  |  |
| 3. CHILD'S NAME<br>(Type or Print) <b>BAIR</b>   |   |   |  |
| 4. SEX<br><b>Male</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>   | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>October 1, 1956</b>       |
| 7. FATHER'S NAME<br>a. (First) <b>Robert</b> b. (Middle) <b>Eugene</b> c. (Last) <b>Bair</b>   |   | 8. COLOR OR RACE<br><b>White</b>  |  |
| 9. AGE (At time of this birth)<br><b>27</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>St. Anthony, Idaho</b>  | 11a. USUAL OCCUPATION<br><b>Farmer</b>  | 11b. KIND OF BUSINESS OR INDUSTRY  |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>Elma</b> b. (Middle) <b>Lue</b> c. (Last) <b>Palmer</b>  |   | 13. COLOR OR RACE<br><b>White</b>   |  |
| 14. AGE (At time of this birth)<br><b>24</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>Parker, Idaho</b>   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>0</b> b. How many children were born alive but are now dead? <b>3</b> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>1</b> |  |
| 17. INFORMANT<br><b>Mrs. Elma Bair</b> Mother  |   |   |  |
| 18a. LENGTH OF PREGNANCY<br><b>35</b> WEEKS  | 18b. WEIGHT AT BIRTH<br><b>5</b> LBS. <b>6</b> OZS.   | 19. Was a standard serological test for syphilis performed? Yes <b>X</b> No .....<br>Approximate date <b>May, 1956</b>  |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><b>Cryptochlamydia</b>   |  |
|  |   | 20b. MATERNAL CAUSES  |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><b>Rh sensitization</b>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY   |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>3:26 p.m.</b>                    |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><b>James P. Cary M.D.</b>   |  |
| 23b. DATE SIGNED<br><b>10/1/56</b>   |   | 23c. ATTENDANT'S ADDRESS<br><b>Idaho Falls, Idaho</b>   |  |
| 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><b>Idaho Falls, Idaho</b>  |   | TITLE   |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)  | 25b. DATE<br><b>10-1-56</b>   | 25c. NAME OF CEMETERY OR CREMATORY  | 25d. LOCATION (City, town, or county) (State)<br><b>St. Anthony, Idaho</b> |
| DATE REC'D BY LOCAL REG.<br><b>October 1-1956</b>  | REGISTRAR'S SIGNATURE<br><b>James P. Cary</b>   | 26. FUNERAL DIRECTOR<br><b>Home</b>   |  |

32

(1949 Revision of Standard Certificate)  
**CERTIFICATE OF STILLBIRTH**  
State of Idaho

State File No. 152  
Local Reg. No. 224  
Reg. Dist. No. 612

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <u>Bonneville</u><br>b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u><br>c. FULL NAME OF HOSPITAL OR INSTITUTION <u>LDS. Hospital</u> |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Bonneville</u><br>c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u><br>d. STREET ADDRESS (If rural, give location)                  |   |
| 3. CHILD'S NAME<br>(Type or Print) <u>Baby Boulder</u>   |   |  |   |
| 4. SEX   | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Oct - 19, 1956</u>        |
| 7. FATHER'S NAME<br>a. (First) <u>Melvin</u> b. (Middle) <u>Keith</u> c. (Last) <u>Boulter</u>   |   | 8. COLOR OR RACE <u>White</u>  |   |
| 9. AGE (At time of this birth) <u>26 YEARS</u>   | 10. BIRTHPLACE (State or foreign country) <u>Salt Lake City, Utah</u>   | 11a. USUAL OCCUPATION <u>Serviceman</u>  | 11b. KIND OF BUSINESS OR INDUSTRY                                       |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Betty</u> b. (Middle) <u>Ann</u> c. (Last) <u>Clark</u>  |   | 13. COLOR OR RACE <u>White</u>   |   |
| 14. AGE (At time of this birth) <u>24 YEARS</u>  | 15. BIRTHPLACE (State or foreign country) <u>Idaho Falls, Idaho</u>   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>1</u><br>b. How many children were born alive but are now dead? <u>0</u><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? |   |
| 17. INFORMANT <u>Keith Boulter</u>   |   |  |   |
| 18a. LENGTH OF PREGNANCY WEEKS <u>40</u>   | 18b. WEIGHT AT BIRTH LBS. OZS.  | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date   |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)   |   | 20a. FETAL CAUSES <u>Hydrocephalus</u><br>20b. MATERNAL CAUSES   |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR   |   | 22. STATE ALL OPERATIONS FOR DELIVERY  |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.  |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Dr. R. Carey M.D.</u><br>23b. DATE SIGNED <u>10/26/56</u><br>23c. ATTENDANT'S ADDRESS <u>Idaho Falls, Idaho</u><br>If NOT attended by physician  |   |
| 24. SIGNATURE OF AUTHORIZED OFFICIAL   |   | TITLE  |   |
| 25a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>   | 25b. DATE <u>Oct 20, 1956</u>   | 25c. NAME OF CEMETERY OR CREMATORY <u>Annis Cemetery</u>   | 25d. LOCATION (City, town, or county) (State) <u>Idaho Falls, Idaho</u> |
| DATE REC'D BY LOCAL REG. <u>Nov. 1 - 1956</u>  | REGISTRAR'S SIGNATURE <u>Anna Budger</u>  | 26. FUNERAL DIRECTOR ADDRESS <u>Leo A. Williams Idaho Falls</u>  |   |





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6048-1956

(1949 Revision of Standard Certificate)

**CERTIFICATE OF STILLBIRTH**

State of Idaho

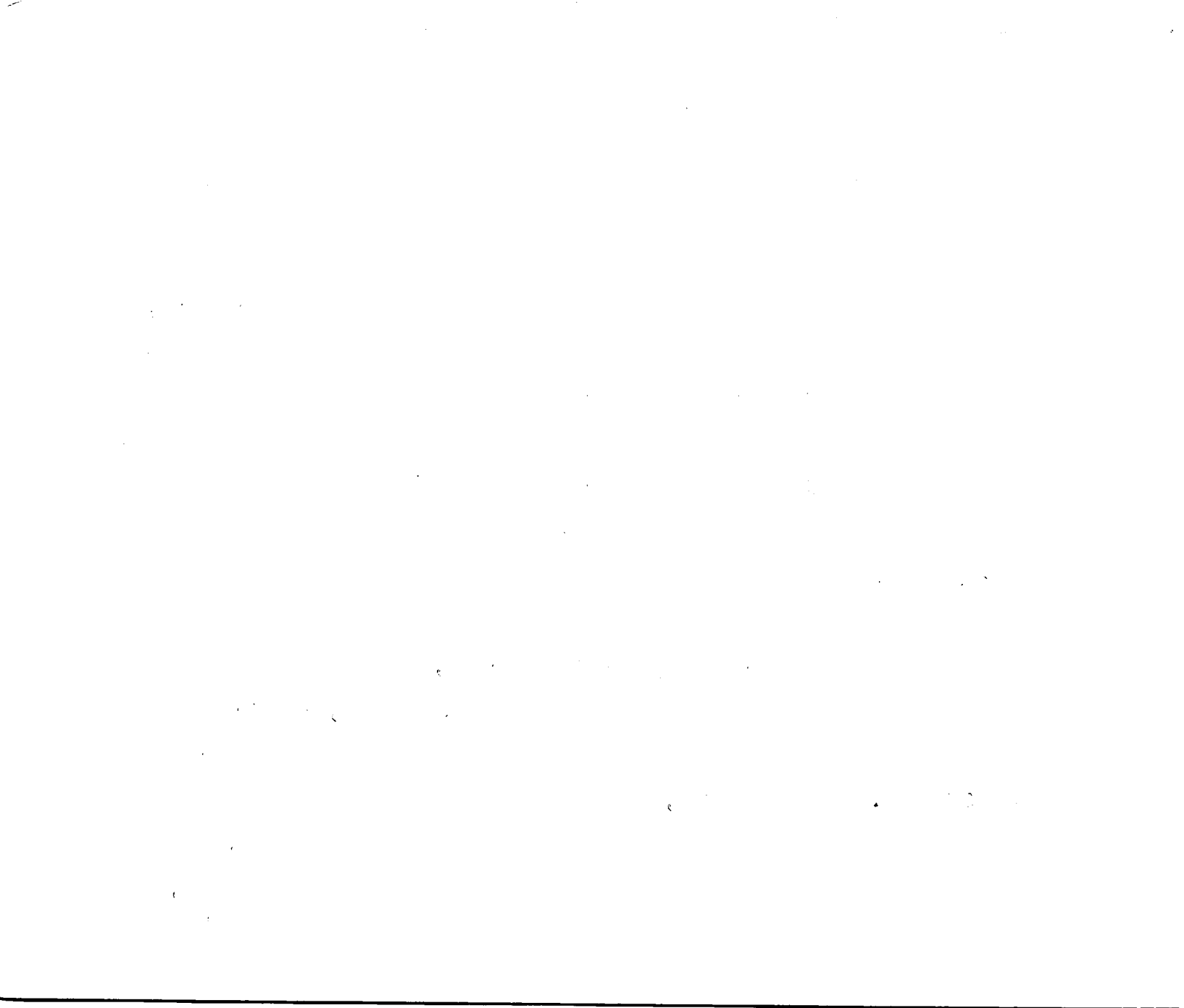
State File No. 153

Local Reg. No. 37

Reg. Dist. No. 380-391

Division of Vital Statistics

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <b>ELMORE</b>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>IDAHO</b> b. COUNTY <b>ELMORE</b>  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>MOUNTAIN HOME AIR FORCE BASE</b>                         |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>MOUNTAIN HOME AIR FORCE BASE</b>   |   |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR<br>INSTITUTION <b>4165TH USAF HOSPITAL</b> |   | d. STREET ADDRESS (If rural, give location)<br><b>448 Mountain Village</b>   |   |
| 3. CHILD'S NAME<br>(Type or Print) <b>ANDREA DORIA DARCI</b>   |   |  |   |
| 4. SEX<br><b>Female</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>   | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>October 2, 1956</b>                                |
| 7. FATHER'S NAME<br>a. (First) <b>TONY</b> b. (Middle) <b>ANGELO</b> c. (Last) <b>DARCI</b>  |   | 8. COLOR OR RACE<br><b>CAUCASIAN</b>   |   |
| 9. AGE (At time of this birth)<br><b>38</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>California-Santa Barbara</b>  | 11a. USUAL OCCUPATION<br><b>USAF</b>   | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>USAF</b>  |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>GERALDINE</b> b. (Middle) <b>ERMINIA</b> c. (Last) <b>CASTRO</b>                                     |   | 13. COLOR OR RACE<br><b>CAUCASIAN</b>  |   |
| 14. AGE (At time of this birth)<br><b>35</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>California-Santa Barbara</b>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children born alive but are now living? <b>TWO</b><br>b. How many children were born alive but are now dead? <b>NONE</b><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>NONE</b> |   |
| 17. INFORMANT<br><i>My husband</i> (Father)  |   |  |   |
| 18a. LENGTH OF PREGNANCY<br><b>32</b> WEEKS  | 18b. WEIGHT AT BIRTH<br><b>2</b> LBS. <b>15</b> OZS.  | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date <b>May 29, 1956</b>  |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)     |   | 20a. FETAL CAUSES<br><b>Unknown</b>  |   |
|  |   | 20b. MATERNAL CAUSES<br><b>Preeclampsia, abruptio placenta, obesity</b>  |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><b>Same as 20b</b>   |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><b>Cesarean section, classical</b>  |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>3:13 p.m.</b>                        |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><i>Stanley D. Leming, M.D.</i><br>23b. DATE SIGNED<br><b>October 2, 1956</b>   |   |
| 23c. ATTENDANT'S ADDRESS<br><b>Mtn Home AFB, Idaho</b>   |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><i>Arthur Smith</i><br>TITLE<br><b>Bey Mortuary Inc. Mtn. Home, Idaho</b>  |   |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 25b. DATE<br><b>10/4/56</b>   | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Mountain View Cemetery</b>  | 25d. LOCATION (City, town, or county) (State)<br><b>Mountain Home, Idaho</b>                        |
| DATE REC'D BY LOCAL REG.<br><b>Oct 5 1956</b>  | REGISTRAR'S SIGNATURE<br><i>A F Anderson</i>  |  | 26. FUNERAL DIRECTOR<br><i>Arthur Smith</i><br>ADDRESS<br><b>Bey Mortuary Inc. Mtn. Home, Idaho</b> |



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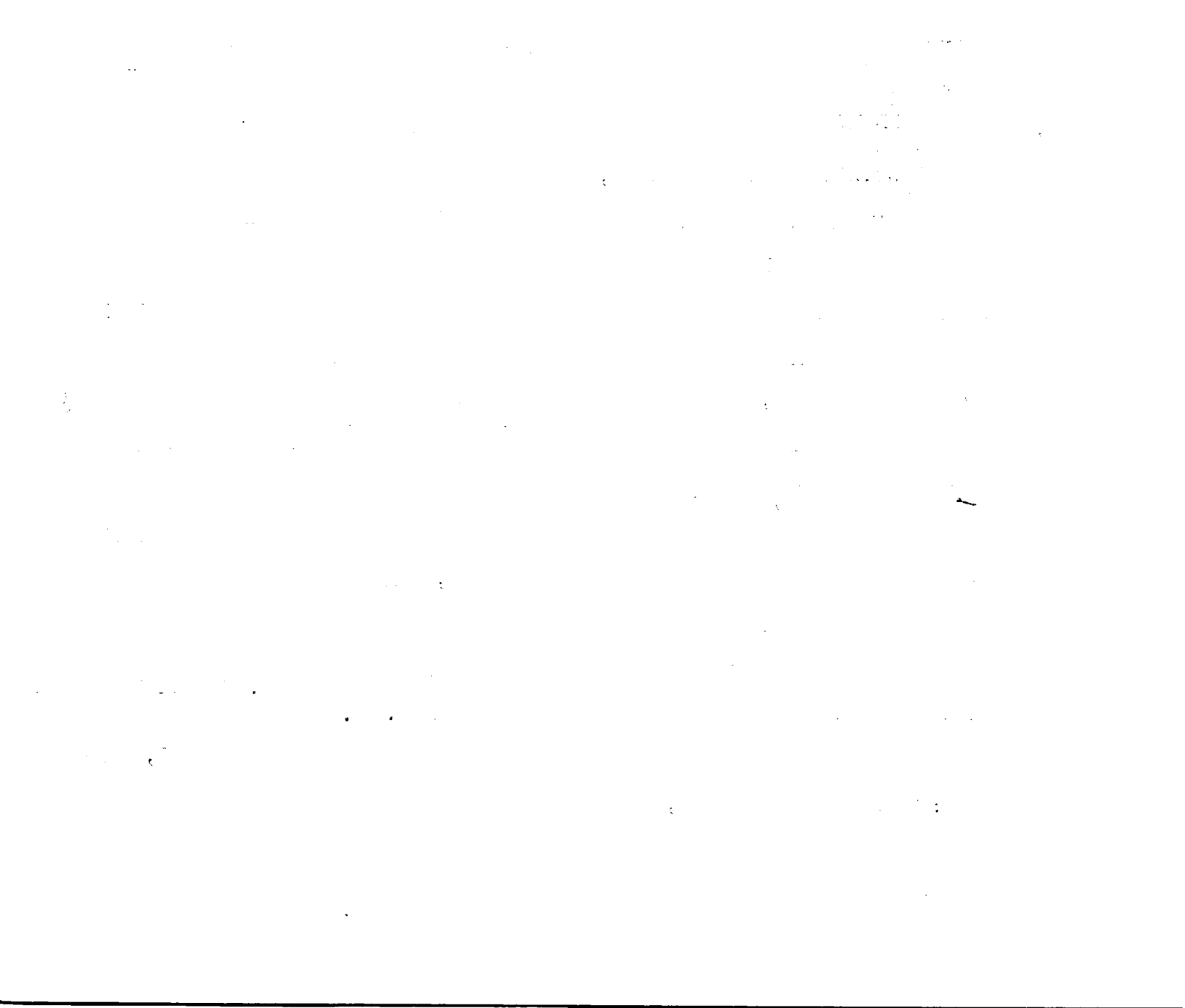
NOV 6 - 1956

(1949 Revision of Standard Certificate)  
**CERTIFICATE OF STILLBIRTH**  
State of Idaho

State File No. 154  
Local Reg. No. 41  
Reg. Dist. No. 380-391

Division of Vital Statistics

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <u>ELMORE</u>   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>IDAHO</u> b. COUNTY <u>ELMORE</u>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>MOUNTAIN HOME AIR FORCE BASE, IDA</u>                               |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>MOUNTAIN HOME</u>   |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>4165TH USAF HOSPITAL</u>   |   | d. STREET ADDRESS (If rural, give location)<br><u>585 EAST 2ND SOUTH</u>  |  |
| 3. CHILD'S NAME<br>(Type or Print) <u>CAROLYN ANN LEWIS</u>   |   |   |  |
| 4. SEX<br><u>FEMALE</u>   | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>OCTOBER 31 1956</u> |
| 7. FATHER'S NAME<br>a. (First) <u>DON</u> b. (Middle) <u>CHRISTOPHER</u> c. (Last) <u>LEWIS</u>   |   | 8. COLOR OR RACE<br><u>CAU</u>  |  |
| 9. AGE (At time of this birth)<br><u>27</u> YEARS   | 10. BIRTHPLACE (State or foreign country)<br><u>UTAH, PRICE</u>   | 11a. USUAL OCCUPATION<br><u>USAF</u>  | 11b. KIND OF BUSINESS OR INDUSTRY<br><u>USAF</u>                     |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>MARY LOU</u> b. (Middle) <u>PETERSON</u> c. (Last) <u>CAU</u>   |   | 13. COLOR OR RACE<br><u>CAU</u>   |  |
| 14. AGE (At time of this birth)<br><u>26</u> YEARS  | 15. BIRTHPLACE (State or foreign country)<br><u>WASHINGTON, WENATCHEE</u>   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>ONE</u><br>b. How many children were born alive but are now dead? <u>NONE</u><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>NONE</u> |  |
| 17. INFORMANT<br><u>Don C. Lewis</u>  |   |   |  |
| 18a. LENGTH OF PREGNANCY<br><u>40</u> WEEKS   | 18b. WEIGHT AT BIRTH<br><u>6</u> LBS <u>14 1/2</u> OZS.   | 19. Was a standard serological test for syphilis performed? Yes <u>X</u> No <u>.....</u><br>Approximate date <u>JUNE 5, 1956</u>  |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)<br><u>NONE</u> |   | 20a. FETAL CAUSES<br><u>NONE</u>  |  |
|   |   | 20b. MATERNAL CAUSES<br><u>INTRAUTERINE BLEEDING DURING LABOR</u>   |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><u>INTRAUTERINE BLEEDING DURING LABOR</u>   |   | 22. STATE ALL OPERATIONS FOR DELIVERY 1. ARTIFICIAL RUPTURE OF MEMBRANES. 2. EPISIOTOMY, MIDLINE  |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>3:27 P.m.</u>                                   |   | 23a. ATTENDANT'S SIGNATURE<br><u>Peter Szege</u><br>(Specify if M. D., midwife, or other)   |  |
| 23b. DATE SIGNED<br><u>NOV 1, 1956</u>  |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>Arthur Smith</u><br>TITLE<br><u>BEY MORTUARY</u>   |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>REMOVAL-BURIAL</u>  |   | 25b. DATE<br><u>11/1/56</u>   |  |
| 25c. NAME OF CEMETERY OR CREMATORY<br><u>PRESTON CEMETERY</u>   |   | 25d. LOCATION (City, town, or county) (State)<br><u>PRESTON, IDAHO</u>  |  |
| DATE REC'D BY LOCAL REG.<br><u>Nov 2 1956</u>   |   | 26. FUNERAL DIRECTOR ADDRESS<br><u>BEY MORTUARY</u><br><u>MTN. HOME, IDAHO</u>  |  |
| REGISTRAR'S SIGNATURE<br><u>A F Anderson by</u>   |   |   |  |



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10-14-56 956

## Division of Vital Statistics

(1949 Revision of Standard Certificate)

## CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. ....

Local Reg. No. ....

Reg. Dist. No. ....

155

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <u>Fremont</u>   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Fremont</u>  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Ashton</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Mack's Inn</u>   |   |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ashton Memorial Hosp</u>  |   | d. STREET ADDRESS (If rural, give location)   |   |
| 3. CHILD'S NAME<br>(Type or Print) <u>Stillbirth Sickler</u>   |   |   |   |
| 4. SEX<br><u>Male</u>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>Oct. 6, 1956</u>     |
| 7. FATHER'S NAME<br>a. (First) <u>John</u> b. (Middle) <u>Claud</u> c. (Last) <u>Sickler</u>   |   | 8. COLOR OR RACE<br><u>W</u>  |   |
| 9. AGE (At time of this birth)<br><u>38</u> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><u>Little Rock, Ark.</u>   | 11a. USUAL OCCUPATION<br><u>Pulp cutter</u>   | 11b. KIND OF BUSINESS OR INDUSTRY<br><u>Lumber</u>                    |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Laura</u> b. (Middle) <u>Rose</u> c. (Last) <u>Thomas</u>  |   | 13. COLOR OR RACE<br><u>W</u>   |   |
| 14. AGE (At time of this birth)<br><u>32</u> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><u>Ogulsby, Ark.</u>   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>5</u><br>b. How many children were born alive but are now dead? <u>0</u><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u> |   |
| 17. INFORMANT<br><u>Laura Rose Sickler</u>   |   |   |   |
| 18a. LENGTH OF PREGNANCY<br><u>36</u> WEEKS  | 18b. WEIGHT AT BIRTH<br>LBS. <u>12</u> OZS.   | 19. Was a standard serological test for syphilis performed? Yes. <u>X</u> No. ....<br>Approximate date <u>June, 1956</u>  |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><u>Not known.</u>  |   |
|  |   | 20b. MATERNAL CAUSES<br><u>Rh negative with positive titer 1:512</u>  |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><u>Intra-uterine death with retained fetus for 10 weeks</u>                          |   | 22. STATE ALL OPERATIONS FOR DELIVERY   |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>9:22 a.m.</u>                    |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><u>M.D.</u>   |   |
| 23b. DATE SIGNED<br><u>10/6/56</u>   |   | 23c. ATTENDANT'S ADDRESS  |   |
| 23d. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>Lewis Kiser</u>  |   | 23e. TITLE<br><u>Ashton, Idaho</u>  |   |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 25b. DATE<br><u>10-8-56</u>   | 25c. NAME OF CEMETERY OR CREMATORY<br><u>Riverview</u>  | 25d. LOCATION (City, town, or county) (State)<br><u>Ashton, Idaho</u> |
| DATE REC'D BY LOCAL REG.<br><u>8 Oct 56</u>  |   | 26. FUNERAL DIRECTOR ADDRESS<br><u>Lewis Kiser Ashton, Idaho</u>  |   |



(1949 Revision of Standard Certificate)  
**CERTIFICATE OF STILLBIRTH**  
State of Idaho

State File No. 156  
Local Reg. No. 30  
Reg. Dist. No. 242

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY<br><b>Idaho</b>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE<br><b>Idaho</b>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><b>Cottonwood</b>                                    |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><b>Koostkia</b>   |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Our Lady of Consolation</b>  |   | d. STREET ADDRESS (If rural, give location)<br><b>1 1/2 mi N. on road to Kamiah</b>   |  |
| 3. CHILD'S NAME<br>(Type or Print)<br><b>John Cochran</b>  |   |   |  |
| 4. SEX<br><b>M</b>   | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>Oct. 30 1956</b>      |
| 7. FATHER'S NAME<br>a. (First)<br><b>Howard</b>  |   | b. (Middle)<br><b>E.</b>  |  |
| c. (Last)<br><b>Cochran</b>  |   | 8. COLOR OR RACE<br><b>white</b>  |  |
| 9. AGE (At time of this birth)<br><b>36</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>Johnson, Kansas</b>   | 11a. USUAL OCCUPATION<br><b>Dozer operator</b>  | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>Logging</b>                    |
| 12. MOTHER'S MAIDEN NAME<br>a. (First)<br><b>Maxine</b>  |   | b. (Middle)<br><b>Alma</b>  |  |
| c. (Last)<br><b>Kress</b>  |   | 13. COLOR OR RACE<br><b>white</b>   |  |
| 14. AGE (At time of this birth)<br><b>35</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>Spalding Idaho</b>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>8</b><br>b. How many children were born alive but are now dead? <b>0</b><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b> |  |
| 17. INFORMANT<br><b>Howard E. Cochran</b>  |   |   |  |
| 18a. LENGTH OF PREGNANCY<br><b>28</b> WEEKS  | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | 19. Was a standard serological test for syphilis performed? Yes..... No.....<br>Approximate date  |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES   |  |
|  |   | 20b. MATERNAL CAUSES<br><b>Abruptio Placentae complicated by a severe preeclampsia</b>  |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><b>Severe preeclampsia</b>   |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><b>Cesarean section</b>  |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>11:35 a.m.</b>                   |   | 23a. ATTENDANT'S SIGNATURE<br><b>Wesley J. Orr, M.D.</b>  | 23b. DATE SIGNED<br><b>10-31-1956</b>                                  |
| 23c. ATTENDANT'S ADDRESS<br><b>Cottonwood Idaho</b>  |   | If NOT attended by physician  | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><b>Claude M. Mary</b>          |
| 25a. BURIAL, CREMATION REMOVAL (Specify)<br><b>Burial</b>  | 25b. DATE<br><b>Oct. 31, 1956</b>   | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Tahoe</b>  | 25d. LOCATION (City, town, or county) (State)<br><b>Koostkia Idaho</b> |
| DATE REC'D BY LOCAL REG.<br><b>10-31-1956</b>  | REGISTRAR'S SIGNATURE<br><b>Wesley J. Orr, M.D. 4477</b>  | 26. FUNERAL DIRECTOR<br><b>Claude M. Mary</b>   |  |
|  |   | ADDRESS<br><b>Koostkia, Idaho.</b>  |  |

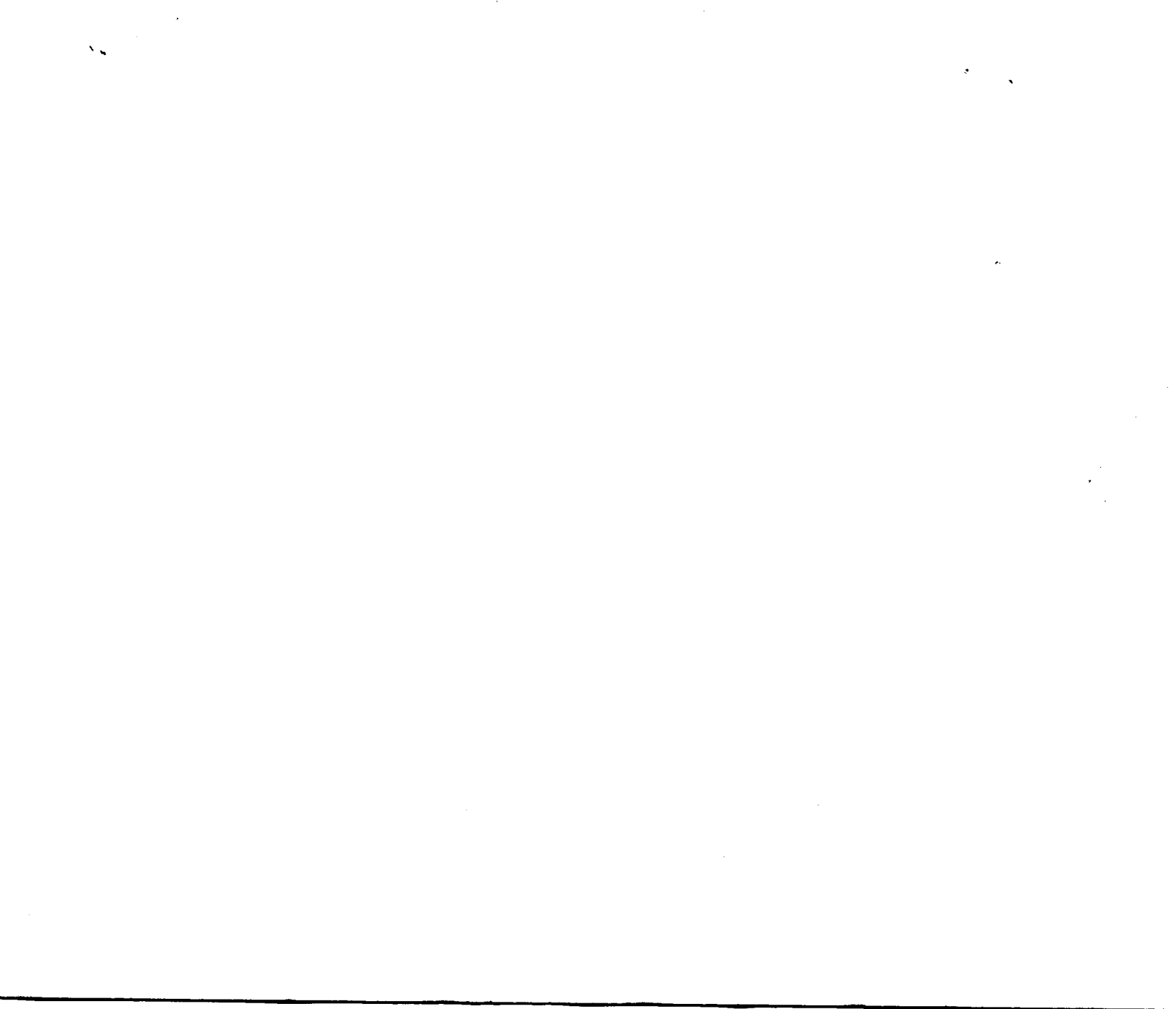




(1949 Revision of Standard Certificate)  
**CERTIFICATE OF STILLBIRTH**  
 State of Idaho

State File No. 157  
 Local Reg. No. 13  
 Reg. Dist. No. 672

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <b>Jefferson</b>   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>Idaho</b> b. COUNTY <b>Jefferson</b>  |  |
| b. CITY OR TOWN <b>Rigby</b> (If outside corporate limits, write RURAL and give township)  |   | c. CITY OR TOWN <b>Ririe</b> (If outside corporate limits, write RURAL and give township)   |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rigby Maternity Hospital</b> (If not in hospital or institution, give street address or location) |   | d. STREET ADDRESS (If rural, give location)   |  |
| 3. CHILD'S NAME<br>(Type or Print) <b>DARREL V HULSE</b>   |   |   |  |
| 4. SEX<br><b>Male</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>Sept. 15, 1956</b>            |
| 7. FATHER'S NAME<br>a. (First) <b>Dale</b> b. (Middle) <b>Delbert</b> c. (Last) <b>Hulse</b>   |   | 8. COLOR OR RACE<br><b>White</b>  |  |
| 9. AGE (At time of this birth)<br><b>26</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>Ririe, Idaho.</b>   | 11a. USUAL OCCUPATION<br><b>Well Driller</b>  | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>Well Drilling</b>                      |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>Margie</b> b. (Middle) <b>Helen</b> c. (Last) <b>Cordon</b>  |   | 13. COLOR OR RACE<br><b>White</b>   |  |
| 14. AGE (At time of this birth)<br><b>25</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>Tucson, Arizona</b>   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>2</b><br>b. How many children were born alive but are now dead? <b>0</b><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b> |  |
| 17. INFORMANT<br><b>Walt D. Hulse</b>  |   |   |  |
| 18a. LENGTH OF PREGNANCY<br><b>36</b> WEEKS  | 18b. WEIGHT AT BIRTH<br><b>7</b> LBS. <b>4</b> OZS.   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date <b>March 1956</b>   |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)   |   | 20a. FETAL CAUSES<br><b>Choked Cord -</b>   |  |
|  |   | 20b. MATERNAL CAUSES<br><b>none</b>   |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><b>none</b>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><b>none</b>  |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.                              |   | 23a. ATTENDANT'S SIGNATURE<br><b>Edson Tall M.D.</b> (Specify if M.D., midwife, or other)   |  |
|  |   | 23b. DATE SIGNED<br><b>9/18/56</b>  |  |
| 23c. ATTENDANT'S ADDRESS<br><b>Rigby, Idaho</b>  |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><b>Bruce A. Eschensell</b> TITLE  |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 25b. DATE<br><b>9/16/1956</b>   | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Rigby Pioneer</b>  | 25d. LOCATION (City, town, or county) (State)<br><b>Rigby Jefferson Idaho.</b> |
| DATE REC'D BY LOCAL REG.<br><b>9/18/56</b>   |   | 26. FUNERAL DIRECTOR ADDRESS<br><b>Bruce A. Eschensell Rigby, Idaho.</b>  |  |



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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

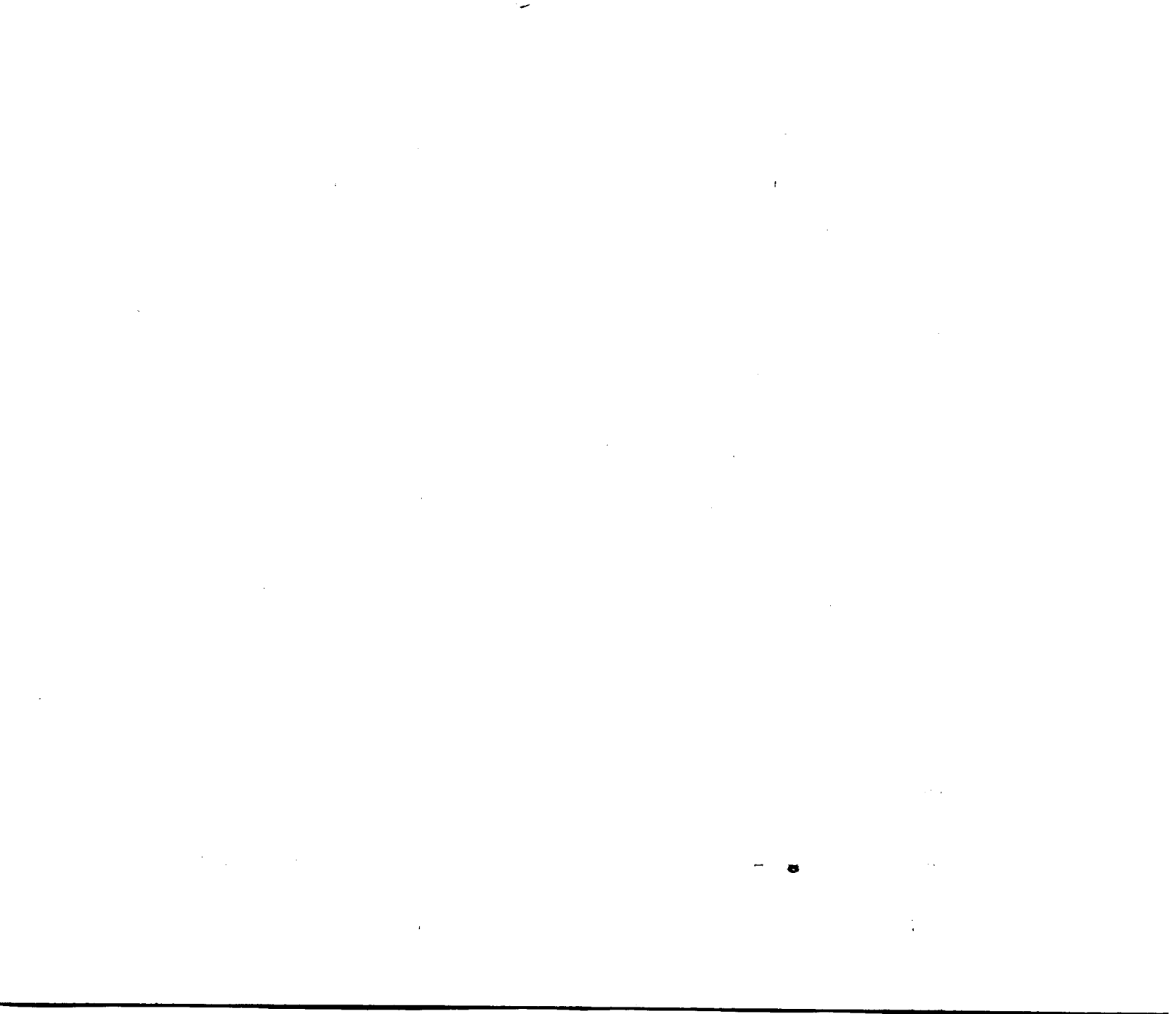
State File No. 158

Local Reg. No. 6

Reg. Dist. No. 12

Division of Vital Statistics

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY<br><b>Kootenai</b>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE<br><b>Idaho</b><br>b. COUNTY<br><b>Kootenai</b>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><b>Coeur d'Alene</b>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><b>Coeur d'Alene</b>  |  |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR<br>INSTITUTION<br><b>Lake City Gen</b>  |   | d. STREET ADDRESS (If rural, give location)<br><b>924 Montana</b>   |  |
| 3. CHILD'S NAME<br>(Type or Print)<br><b>Baby Boy Faux (Peter Faux)</b>   |   |   |  |
| 4. SEX<br><b>M</b>  | 5a. THIS BIRTH<br>SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>10 23 56</b>                |
| 7. FATHER'S NAME<br>a. (First)<br><b>Howard</b><br>b. (Middle)<br><b>Howard</b><br>c. (Last)<br><b>Faux</b>   |   | 8. COLOR OR RACE<br><b>W</b>  |  |
| 9. AGE (At time of this birth)<br>YEARS   | 10. BIRTHPLACE (State or foreign country)<br><b>Buhl Idaho</b>  | 11a. USUAL OCCUPATION<br><b>Asst Bank Manager</b>   | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>Idaho 1st Nat Bank</b>               |
| 12. MOTHER'S MAIDEN NAME<br>a. (First)<br><b>Mary</b><br>b. (Middle)<br><b>Mary</b><br>c. (Last)<br><b>Sandell</b>  |   | 13. COLOR OR RACE<br><b>W</b>   |  |
| 14. AGE (At time of this birth)<br>YEARS  | 15. BIRTHPLACE (State or foreign country)<br><b>Declo Idaho</b>   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>two</b><br>b. How many children were born alive but are now dead? <b>None</b><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? |  |
| 17. INFORMANT   |   |   |  |
| 18a. LENGTH OF PREGNANCY<br>WEEKS   | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | 19. Was a standard serological test for syphilis performed? Yes..... No.....<br>Approximate date  |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)<br>20a. FETAL CAUSES<br><i>Immaturity - Second twin</i><br>20b. MATERNAL CAUSES<br><i>Placental Separation</i> |   |   |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  |   | 22. STATE ALL OPERATIONS FOR DELIVERY   |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.   |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><i>[Signature]</i><br>23b. DATE SIGNED<br><i>10/26/56</i><br>23c. ATTENDANT'S ADDRESS<br><i>[Address]</i><br>24. SIGNATURE OF AUTHORIZED OFFICIAL<br><i>[Signature]</i><br>TITLE                                |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 25b. DATE<br><b>10-25-56</b>  | 25c. NAME OF CEMETERY OR CREMATORY<br><b>St Thomas</b>  | 25d. LOCATION (City, town, or county) (State)<br><b>Coeur d'Alene, Idaho</b> |
| DATE REC'D BY LOCAL REG<br><b>Oct. 27, 1956</b>   | REGISTRAR'S SIGNATURE<br><i>[Signature]</i>   | 26. FUNERAL DIRECTOR<br><i>[Signature]</i><br>ADDRESS<br><i>[Address]</i>   |  |



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(1949 Revision of Standard Certificate)

NOV 9 1956

## CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

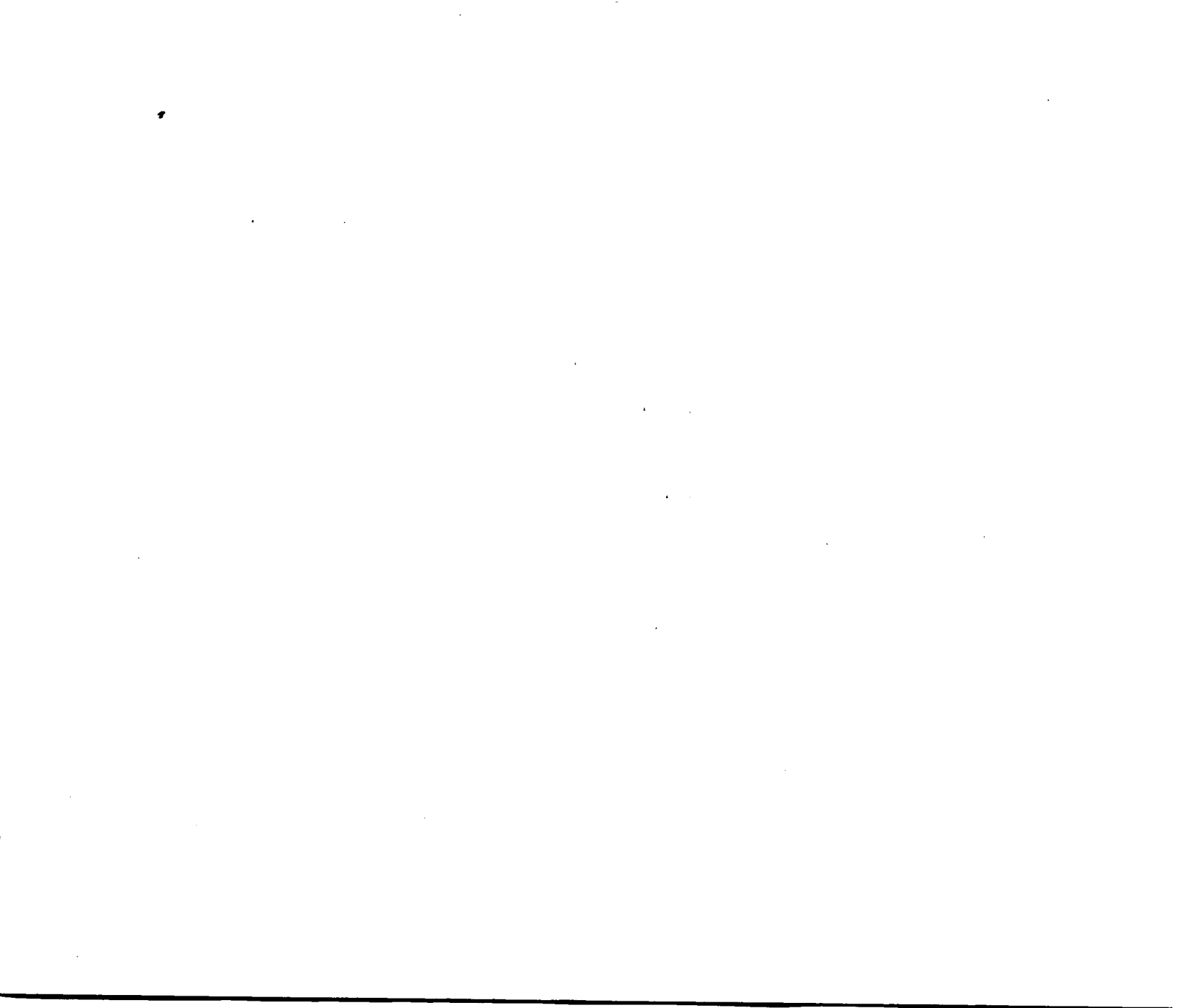
State of Idaho

State File No. 159

Local Reg. No. 126

Reg. Dist. No. 200

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF STILLBIRTH   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)  |   |
| a. COUNTY<br>Latah   | b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br>Moscow                                | a. STATE<br>Idaho   | b. COUNTY<br>Latah  |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR<br>INSTITUTION<br>Crittman Hospital    |   | d. STREET ADDRESS (If rural, give location)<br>615 W. 8th St.   |   |
| 3. CHILD'S NAME<br>(Type or Print)<br>Baby Girl Jones  |   |   |   |
| 4. SEX<br>Female   | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>                  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br>Oct 8 1956      |
| 7. FATHER'S NAME   | a. (First)<br>James   | b. (Middle)<br>I.   | c. (Last)<br>Jones  |
| 8. COLOR OR RACE<br>White  |   |   |   |
| 9. AGE (At time of this birth)<br>29 YEARS   | 10. BIRTHPLACE (State or foreign country)<br>Garfield, Wn.  | 11a. USUAL OCCUPATION<br>Farmer   | 11b. KIND OF BUSINESS OR INDUSTRY<br>Dry Land                 |
| 12. MOTHER'S MAIDEN NAME   | a. (First)<br>Rita  | b. (Middle)<br>Ann  | c. (Last)<br>Breedon  |
| 13. COLOR OR RACE<br>White   |   |   |   |
| 14. AGE (At time of this birth)<br>24 YEARS  | 15. BIRTHPLACE (State or foreign country)<br>DeSmet, S.D.   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)   |   |
|  |   | a. How many children are now living?<br>2   | b. How many children were born alive but are now dead?<br>0   |
| 17. INFORMANT<br>James E. Jones  |   | c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?<br>0  |   |
| 18a. LENGTH OF PREGNANCY<br>29 WEEKS   | 18b. WEIGHT AT BIRTH<br>4 LBS. 8 OZS.   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES   |   |
|  |   | 20b. MATERNAL CAUSES<br>Cord entanglement   |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br>none   |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br>L.L.H. epl. Soutlier forceps   |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:45 p.m.                           |   | 23a. ATTENDANT'S SIGNATURE<br>Lakela Stephens   | 23b. DATE SIGNED  |
| 23c. ATTENDANT'S ADDRESS<br>Moscow   |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br>TITLE   |   |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  | 25b. DATE<br>10-9-1956  | 25c. NAME OF CEMETERY OR CREMATORY<br>Moscow Catholic   | 25d. LOCATION (City, town, or county) (State)<br>Moscow Idaho |
| DATE REC'D BY LOCAL REG.<br>11/6/56  | REGISTRAR'S SIGNATURE<br>Lain E. Angel  | 26. FUNERAL DIRECTOR ADDRESS<br>David P. Tate Moscow, Idaho   |   |

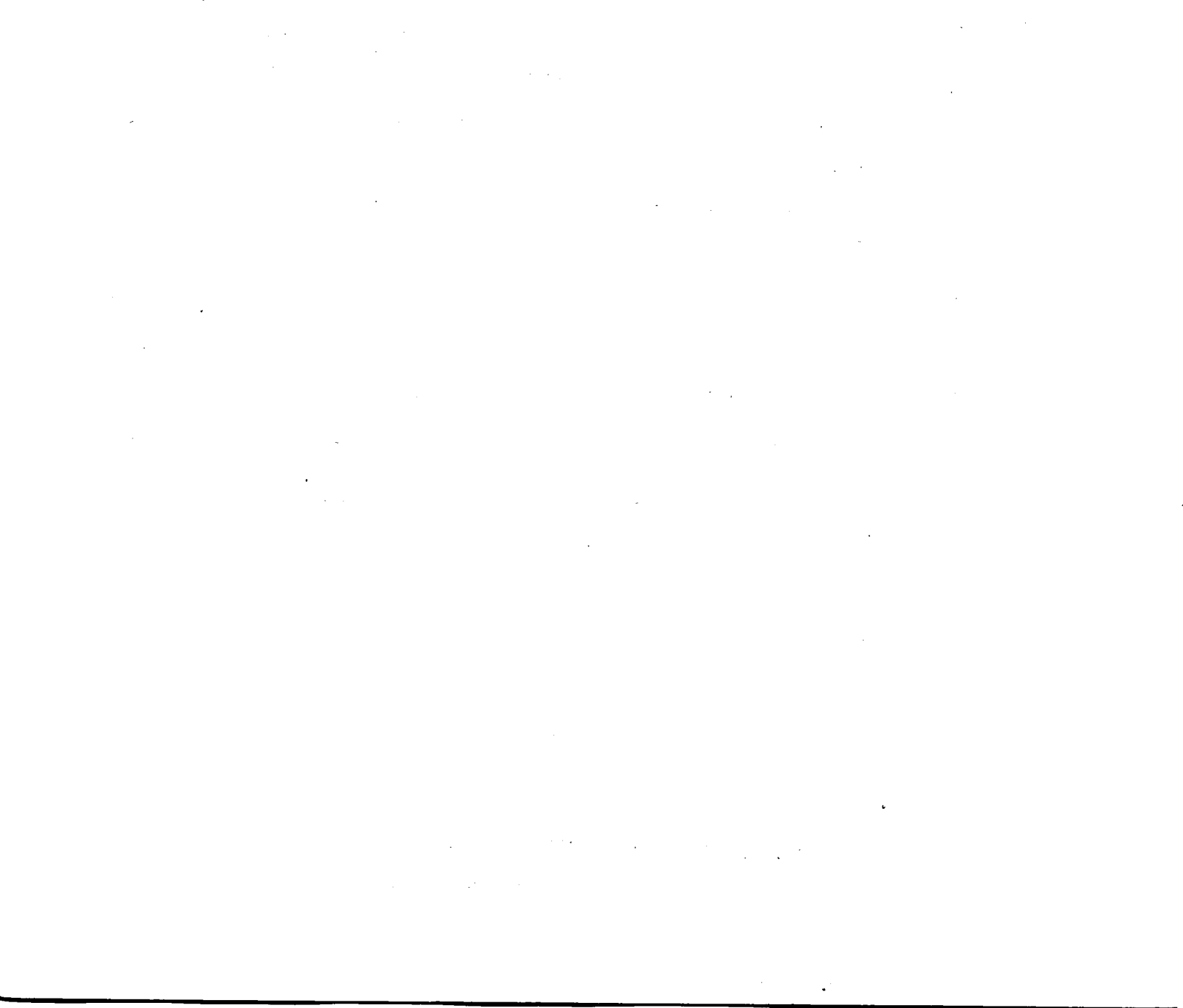


|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <u>Zatah</u>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Zatah</u>  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Moscow</u>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Moscow, Ida.</u>   |   |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)<br><u>Britman Memorial Hosp.</u> |   | d. STREET ADDRESS (If rural, give location)<br><u>520 Moore Ave</u>   |   |
| 3. CHILD'S NAME<br>(Type or Print) <u>Terry Sue Hudson</u>  |   |   |   |
| 4. SEX<br><u>Female</u>   | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>10-25-56</u>         |
| 7. FATHER'S NAME<br>a. (First) <u>Charles</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Hudson Jr.</u>   |   | 8. COLOR OR RACE<br><u>White</u>  |   |
| 9. AGE (At time of this birth)<br><u>27</u> YEARS   | 10. BIRTHPLACE (State or foreign country)<br><u>Fort Calhoun, Ga.</u>   | 11a. USUAL OCCUPATION<br><u>Army</u>  | 11b. KIND OF BUSINESS OR INDUSTRY<br><u>U.S. Regular</u>              |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Joyce</u> b. (Middle) <u>Rebecca</u> c. (Last) <u>Limberling</u>                                    |   | 13. COLOR OR RACE<br><u>White</u>   |   |
| 14. AGE (At time of this birth)<br><u>30</u> YEARS  | 15. BIRTHPLACE (State or foreign country)<br><u>Moscow, Ida.</u>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>2</u><br>b. How many children were born alive but are now dead? <u>0</u><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u> |   |
| 17. INFORMANT<br><u>Joyce L. Hudson - Mother</u>  |   |   |   |
| 18a. LENGTH OF PREGNANCY<br><u>40</u> WEEKS   | 18b. WEIGHT AT BIRTH<br><u>7</u> LBS. <u>5</u> OZS.   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date <u>Sept 56</u>  |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)    |   | 20a. FETAL CAUSES<br><u>Acidosis, anoxia, umbilical cord der to knitting</u>  |   |
|   |   | 20b. MATERNAL CAUSES<br><u>None</u>   |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><u>None</u>   |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><u>medicinal episiotomy</u>  |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.                               |   | 23a. ATTENDANT'S SIGNATURE<br><u>John M. Myers M.D.</u>   | 23b. DATE SIGNED<br><u>10-26-56</u>                                   |
| 23c. ATTENDANT'S ADDRESS<br><u>Moscow, Idaho</u>  |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>John M. Myers M.D.</u>   |   |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Cremation</u>   | 25b. DATE<br><u>10-26-56</u>  | 25c. NAME OF CEMETERY OR CREMATORY<br><u>Britman Hospital</u>   | 25d. LOCATION (City, town, or county) (State)<br><u>Moscow, Idaho</u> |
| DATE REC'D BY LOCAL REG.<br><u>10/21/56</u>   | REGISTRAR'S SIGNATURE<br><u>Leila E. Angel</u>  | 26. FUNERAL DIRECTOR ADDRESS  |   |





|  |   |   |  |   |  |
|--|---|---|--|---|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <b>Nez Perce</b>   |   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>Idaho</b> b. COUNTY <b>Nez Perce</b> |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Lewiston</b>   |   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Lewiston</b>         |   |  |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR<br>INSTITUTION <b>St Joseph Hospital</b> |   |   | d. STREET ADDRESS (If rural, give location)<br><b>1225 Airway</b>  |   |  |
| 3. CHILD'S NAME<br>(Type or Print) <b>Baby Boy Sumpter</b>   |   |   |  |   |  |
| 4. SEX<br><b>Male</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>Oct. 12, 1956</b>   |   |  |
| 7. FATHER'S NAME<br>a. (First) <b>George</b>   |   | b. (Middle) <b>Sumpter</b>  |  | c. (Last) <b>White</b>  |  |
| 9. AGE (At time of this birth)<br><b>35</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>Washington</b>  | 11a. USUAL OCCUPATION<br><b>Laborer</b>   | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>Saw Mill</b>   |   |  |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>Dorothy</b>  |   | b. (Middle) <b>Irving</b>   |  | c. (Last) <b>White</b>  |  |
| 14. AGE (At time of this birth)<br><b>31</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>England</b>   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>5</b><br>b. How many children were born alive but are now dead? <b>1</b><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b> |  |   |  |
| 17. INFORMANT<br><b>X George Sumpter</b>   |   |   |  |   |  |
| 18a. LENGTH OF PREGNANCY<br><b>40</b> WEEKS  | 18b. WEIGHT AT BIRTH<br><b>8</b> LBS. <b>4</b> OZS.   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date   |  |   |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)   |   | 20a. FETAL CAUSES<br><b>Unknown</b>   |  |   |  |
|  |   | 20b. MATERNAL CAUSES<br><b>Unknown.</b>   |  |   |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><b>None</b>  |   |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><b>None</b>   |   |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>4:30 A.m.</b>                      |   | 23a. ATTENDANT'S SIGNATURE<br><b>W.D. Jones</b>   |  | 23b. DATE SIGNED<br><b>10/12/56</b>                                     |  |
|  |   | 23c. ATTENDANT'S ADDRESS<br><b>Lewiston, Ida.</b>   |  | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><b>W.F. Black</b>               |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |   | 25b. DATE<br><b>Oct. 12, 1956</b>   | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Normal Hill Cemetery</b>  | 25d. LOCATION (City, town, or county) (State)<br><b>Lewiston, Idaho</b> |  |
| DATE REC'D BY LOCAL REG.<br><b>10/15/56</b>  | REGISTRAR'S SIGNATURE<br><b>Cora Kinger</b>   | 26. FUNERAL DIRECTOR ADDRESS<br><b>Brower-Wann - W.F. Black</b><br><b>Lewiston, Idaho</b>   |  |   |  |



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OCT 24 1956

(1949 Revision of Standard Certificate)

## CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No. 162

Local Reg. No. 12

Reg. Dist. No. 500

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <u>Power</u>   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Power</u>  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>American Falls,</u>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>American Falls,</u>  |   |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <u>Schiltz Memorial Hospital</u> |   | d. STREET ADDRESS (If rural, give location)   |   |
| 3. CHILD'S NAME<br>(Type or Print) <u>GAYLENE THORNTON</u>   |   |   |   |
| 4. SEX<br><u>Female</u>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>Oct. 21, 1956</u>    |
| 7. FATHER'S NAME<br>a. (First) <u>Ival</u> b. (Middle) <u>C.</u> c. (Last) <u>Thornton</u>   |   | 8. COLOR OR RACE<br><u>White</u>  |   |
| 9. AGE (At time of this birth)<br><u>24</u> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><u>American Falls, Idaho</u>   | 11a. USUAL OCCUPATION<br><u>Student: Construction worker in summer</u>  | 11b. KIND OF BUSINESS OR INDUSTRY                                     |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Bonnie</u> b. (Middle) <u>Jean</u> c. (Last) <u>Larson</u>   |   | 13. COLOR OR RACE<br><u>White</u>   |   |
| 14. AGE (At time of this birth)<br><u>23</u> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><u>Basalt, Idaho</u>   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>1</u><br>b. How many children were born alive but are now dead? <u>0</u><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u> |   |
| 17. INFORMANT<br><u>Paul C. Thornton</u>   |   |   |   |
| 18a. LENGTH OF PREGNANCY<br><u>40</u> WEEKS  | 18b. WEIGHT AT BIRTH<br><u>6</u> LBS. <u>11</u> OZS.  | 19. Was a standard serological test for syphilis performed? Yes <u>X</u> No <u>      </u><br>Approximate date <u>6-2-56</u>   |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)       |   | 20a. FETAL CAUSES<br><u>None - Intra-uterine - Due to maternal Cause</u>  |   |
|  |   | 20b. MATERNAL CAUSES<br><u>Pre-mature Separation of Placenta.</u>   |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><u>Premature Separation of Placenta</u>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><u>Low Forceps Delivery; Episiotomy</u>  |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>9:00 a.m.</u>                          |   | 23a. ATTENDANT'S SIGNATURE<br><u>D. Henry Rock, M.D.</u>  | 23b. DATE SIGNED<br><u>10-22-56.</u>                                  |
| 23c. ATTENDANT'S ADDRESS<br><u>American Falls, Idaho</u>   |   | IF NOT attended by physician  | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>H. D. D.</u> TITLE         |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 25b. DATE<br><u>10-22-56</u>  | 25c. NAME OF CEMETERY OR CREMATORY<br><u>Neeley Cemetery</u>  | 25d. LOCATION (City, town, or county) (State)<br><u>Neeley, Idaho</u> |
| DATE REC'D BY LOCAL REG.<br><u>10-22</u>   | REGISTRAR'S SIGNATURE<br><u>Charles Duncan</u>  | 26. FUNERAL DIRECTOR<br><u>H. D. D.</u>   | ADDRESS<br><u>American Falls, Idaho</u>                               |



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OCT 22 1956  
Division of Vital Statistics

(1949 Revision of Standard Certificate)  
CERTIFICATE OF STILLBIRTH  
State of Idaho

State File No. 163  
Local Reg. No. 241  
Reg. Dist. No. 160

|  |   |   |   |  |  |
|--|---|---|---|--|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <u>Twin Falls</u>  |   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Twin Falls</u> |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Twin Falls Idaho</u>                                    |   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Buhl Idaho</u>           |  |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Magic Valley Memorial Hosp.</u>   |   |   | d. STREET ADDRESS (If rural, give location)   |  |  |
| 3. CHILD'S NAME<br>(Type or Print) <u>Baby Boy Sligar # 2</u>  |   |   |   |  |  |
| 4. SEX<br><u>Male</u>  | 5a. THIS BIRTH<br>SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>   | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>October 7 1956</u>   |  |  |
| 7. FATHER'S NAME<br>a. (First) <u>William</u> b. (Middle) <u>J</u> c. (Last) <u>Sligar</u>   |   | 8. COLOR OR RACE <u>white</u>   |   |  |  |
| 9. AGE (At time of this birth)<br><u>22</u> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><u>Twin Falls, Idaho</u>   | 11a. USUAL OCCUPATION<br><u>Resort Operator</u>   |   | 11b. KIND OF BUSINESS OR INDUSTRY  |  |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Margaret</u> b. (Middle) <u>Duggan</u> c. (Last) <u>white</u>                                    |   | 13. COLOR OR RACE <u>white</u>  |   |  |  |
| 14. AGE (At time of this birth)<br><u>23</u> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><u>Montana</u>   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>0</u><br>b. How many children were born alive but are now dead? <u>1st Twin born alive lived one hour</u><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? |   |  |  |
| 17. INFORMANT<br><u>John Sligar</u>  |   |   |   |  |  |
| 18a. LENGTH OF PREGNANCY<br><u>20</u> WEEKS  | 18b. WEIGHT AT BIRTH<br><u>10.4</u> OZS.  | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date <u>first trimester</u>  |   |  |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><u>NOT KNOWN</u>   |   |  |  |
|  |   | 20b. MATERNAL CAUSES<br><u>NOT KNOWN</u>  |   |  |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR   |   |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><u>none</u>  |  |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>11:58 A.</u> m.                  |   | 23a. ATTENDANT'S SIGNATURE<br><u>Edith M. Sligar</u> (Specify if M. D., midwife, or other)  |   | 23b. DATE SIGNED<br><u>10-8-56</u>                                       |  |
| 23c. ATTENDANT'S ADDRESS<br><u>Buhl Idaho</u>  |   | IF NOT attended by physician  |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>Wale J. Christensen</u> TITLE |  |
| 25a. BURIAL CREMATION, REMOVAL (Specify)<br><u>Cremation</u>   | 25b. DATE<br><u>Oct 9, 1956</u>   | 25c. NAME OF CEMETERY OR CREMATORY<br><u>Albertson Funeral Home</u>   |   | 25d. LOCATION (City, town, or county) (State)<br><u>Buhl Idaho</u>       |  |
| DATE REC'D BY LOCAL REG.<br><u>Oct. 19, 1956</u>   |   | REGISTRAR'S SIGNATURE<br><u>Lewna O. Jamar</u>  |   | 26. FUNERAL DIRECTOR ADDRESS<br><u>Buhl, Idaho</u>                       |  |



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(1949 Revision of Standard Certificate)

## CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

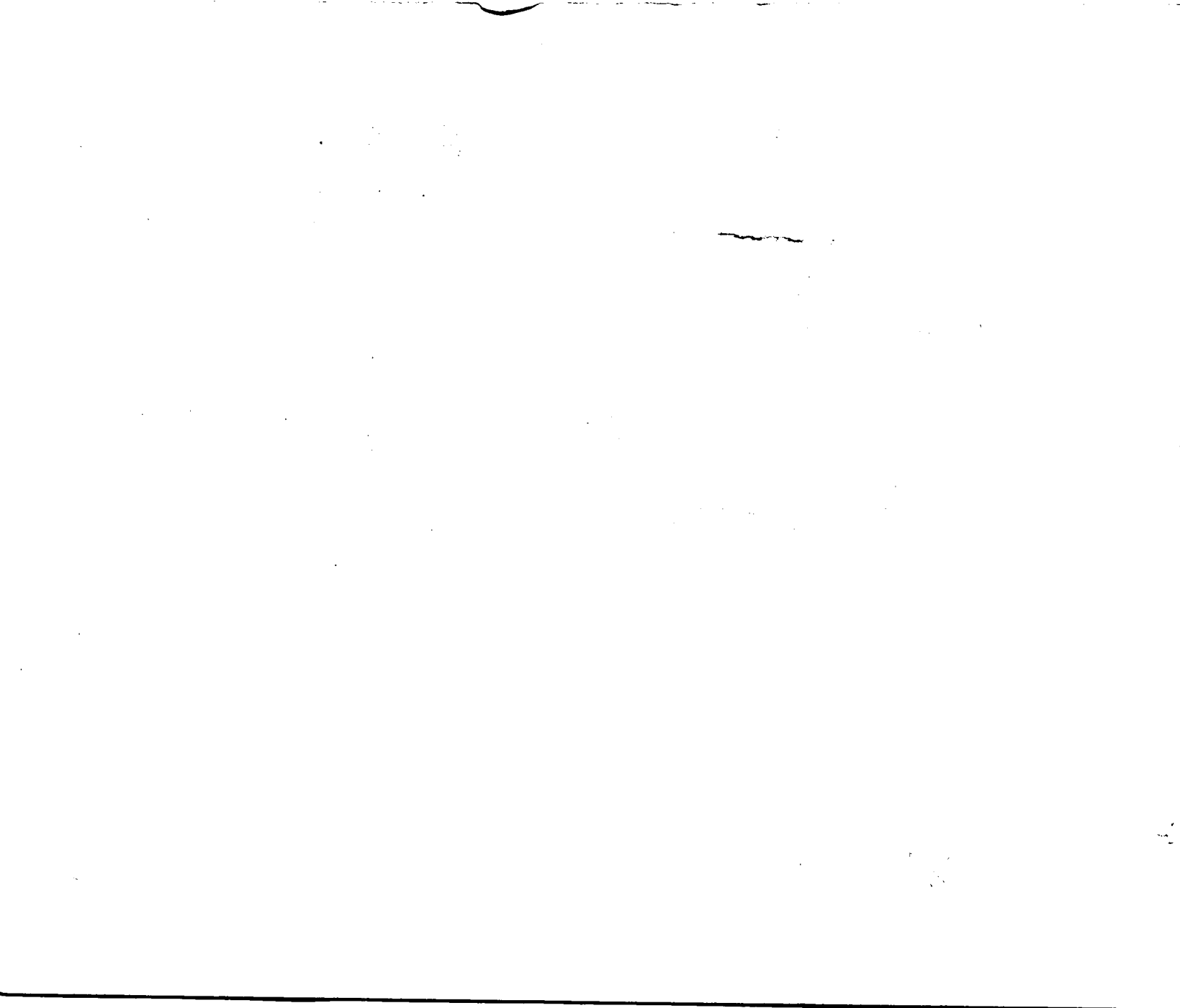
State of Idaho

State File No. 164

Local Reg. No. 238

Reg. Dist. No. 160

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF STILLBIRTH  |  | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)  |   |
| a. COUNTY Twin Falls  |  | a. STATE Idaho  | b. COUNTY Twin Falls  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Timber   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls   |   |
| c. FULL NAME OF HOSPITAL OR INSTITUTION   |  | d. STREET ADDRESS (If rural, give location) 561 - 5th Ave East  |   |
| 3. CHILD'S NAME (Type or Print) Holstine, Baby girl   |  |   |   |
| 4. SEX Female   | 5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> | 6. DATE OF STILLBIRTH (Month) (Day) (Year) Oct 17 1956          |
| 7. FATHER'S NAME  | a. (First) William   | b. (Middle) C.  | c. (Last) Holstine  |
| 9. AGE (At time of this birth) 24 YEARS   | 10. BIRTHPLACE (State or foreign country) Eden Idaho   | 11a. USUAL OCCUPATION SALESMAN  | 11b. KIND OF BUSINESS OR INDUSTRY Eden Ambulance Supply Co      |
| 12. MOTHER'S MAIDEN NAME  | a. (First) Billie  | b. (Middle) Ardis   | c. (Last) Kueile  |
| 14. AGE (At time of this birth) 21 YEARS  | 15. BIRTHPLACE (State or foreign country) Kimberly   | 13. COLOR OR RACE W   |   |
| 17. INFORMANT Father - William Holstine   |  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)   |   |
| 18a. LENGTH OF PREGNANCY 28 WEEKS   |  | 18b. WEIGHT AT BIRTH 3 LBS. OZS.  |   |
| 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>         |  | Approximate date  |   |
| CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |  | 20a. FETAL CAUSES Premature Separation Placenta   |   |
|   |  | 20b. MATERNAL CAUSES Immature Delivery  |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Premature Separation Placenta  |  | 22. STATE ALL OPERATIONS FOR DELIVERY None  |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at P.P. m.                          |  | 23a. ATTENDANT'S SIGNATURE Douglas Schaefer M.D.  | 23b. DATE SIGNED 10/17/56                                       |
|   |  | 23c. ATTENDANT'S ADDRESS Twin Falls, Idaho  | 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE                      |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)   | 25b. DATE Oct. 18, 1956  | 25c. NAME OF CEMETERY OR CREMATORY Twin Falls Cemetery  | 25d. LOCATION (City, town, or county) (State) Twin Falls, Idaho |
| DATE RECD BY LOCAL REG. Oct. 18, 1956   | REGISTRAR'S SIGNATURE Lenora O. [Signature]  | 26. FUNERAL DIRECTOR'S ADDRESS White Mortuary Twin Falls, Idaho   |   |





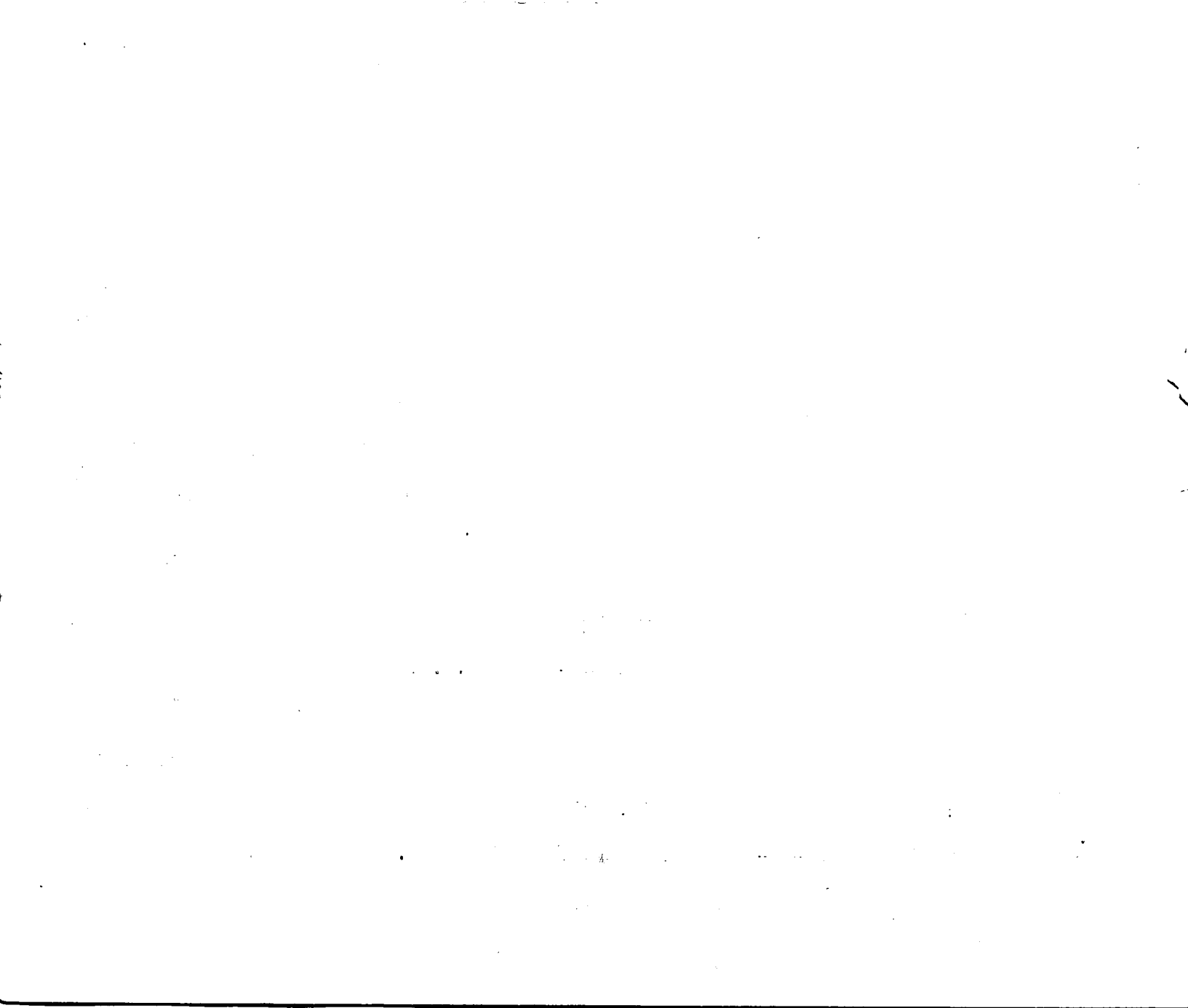
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(1949 Revision of Standard Certificate)  
**CERTIFICATE OF STILLBIRTH**  
State of Idaho

State File No. 165  
Local Reg. No. 246  
Reg. Dist. No. 260

Division of Vital Statistics

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <u>Twin Falls</u>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Twin Falls</u>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Twin Falls</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Twin Falls</u>   |   |
| c. FULL NAME OF HOSPITAL OR INSTITUTION  |   | d. STREET ADDRESS (If rural, give location)<br><u>labor camp.</u>   |   |
| 3. CHILD'S NAME<br>(Type or Print) <u>Manze - Girl</u>   |   |   |   |
| 4. SEX<br><u>Female</u>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>Oct. 17 1956</u>                     |
| 7. FATHER'S NAME<br>a. (First) <u>Daniel</u> b. (Middle) <u>Dan</u> c. (Last) <u>Manze</u>   |   | 8. COLOR OR RACE<br><u>W</u>  |   |
| 9. AGE (At time of this birth)<br><u>27</u> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><u>Kansas</u>  | 11a. USUAL OCCUPATION<br><u>Laborer</u>   | 11b. KIND OF BUSINESS OR INDUSTRY   |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Alicia</u> b. (Middle) <u>Alicia</u> c. (Last) <u>Dolan Santos</u>                               |   | 13. COLOR OR RACE<br><u>White</u>   |   |
| 14. AGE (At time of this birth)<br><u>26</u> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><u>Mexico</u>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>3</u><br>b. How many children were born alive but are now dead? <u>1</u><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u> |   |
| 17. INFORMANT<br><u>Daniel Manze</u>   |   |   |   |
| 18a. LENGTH OF PREGNANCY<br><u>23</u> WEEKS  | 18b. WEIGHT AT BIRTH<br>LBS. <u>  </u> OZS. <u>  </u>   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date   |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) | 20a. FETAL CAUSES<br><u>Immaturity</u>  |   |   |
|  | 20b. MATERNAL CAUSES<br><u>Premature rupture B.O.W.</u>   |   |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><u>See 20b</u>   |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><u>None</u>  |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>4:18 P. m.</u>                   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><u>Fun H. Livingston M.D.</u>                           |   | 23b. DATE SIGNED<br><u>10-17-56</u>   |
|  | 23c. ATTENDANT'S ADDRESS<br><u>Twin Falls Clinic, Twin Falls</u>  | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>J. Warborn Creed</u> TITLE <u>  </u>   |   |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Cremation</u>  | 25b. DATE<br><u>10-19-56</u>  | 25c. NAME OF CEMETERY OR CREMATORY<br><u>Magic Valley Memorial Hosp.</u>  |   |
| 25d. LOCATION (City, town, or county)<br><u>Twin Falls, Idaho</u>  |   | (State)   |   |
| DATE REC'D BY LOCAL REG.<br><u>Oct. 27, 1956</u>   | REGISTERAR'S SIGNATURE<br><u>Landra O. Lorman</u>   |   | 25f. FUNERAL DIRECTOR<br><u>J. Warborn Creed</u> ADDRESS <u>no. Twin Falls, Idaho</u> |



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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 166  
Local Reg. No. 363  
Reg. Dist. No. 370

Division of Vital Statistics

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <u>Ada</u>  |  | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Boise</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Boise</u>      |  |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR<br>INSTITUTION <u>St. Luke's Hospital</u> |  | d. STREET ADDRESS (If rural, give location)<br><u>616 W. 6th</u>                                     |  |

3. CHILD'S NAME  
(Type or Print) Shoulders

|                    |   |  |  |
|--------------------|---|--|--|
| 4. SEX<br><u>F</u> | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>November 9 - 1956</u> |
|--------------------|---|--|--|

|  |  |                                |
|--|--|--------------------------------|
| 7. FATHER'S NAME<br>a. (First) <u>Rayburn</u> b. (Middle) c. (Last) <u>Shoulders</u> |  | 8. COLOR OR RACE<br><u>wh.</u> |
|--|--|--------------------------------|

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| 9. AGE (At time of this birth)<br><u>20</u> YEARS | 10. BIRTHPLACE (State or foreign country)<br><u>Kentucky</u> | 11a. USUAL OCCUPATION<br><u>U.S. A.F.</u> | 11b. KIND OF BUSINESS OR INDUSTRY |
|---|--|---|-----------------------------------|

|   |  |                                 |
|---|--|---------------------------------|
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Dorothy</u> b. (Middle) c. (Last) <u>Griggs</u> |  | 13. COLOR OR RACE<br><u>wh.</u> |
|---|--|---------------------------------|

|  |  |   |  |
|--|--|---|--|
| 14. AGE (At time of this birth)<br><u>20</u> YEARS | 15. BIRTHPLACE (State or foreign country)<br><u>Kentucky</u> | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>0</u><br>b. How many children were born alive but are now dead?<br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? |  |
|--|--|---|--|

17. INFORMANT Parents

|                                   |   |   |
|-----------------------------------|---|---|
| 18a. LENGTH OF PREGNANCY<br>WEEKS | 18b. WEIGHT AT BIRTH<br><u>2</u> LBS. <u>0</u> OZS. | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date <u>6/4/56</u> |
|-----------------------------------|---|---|

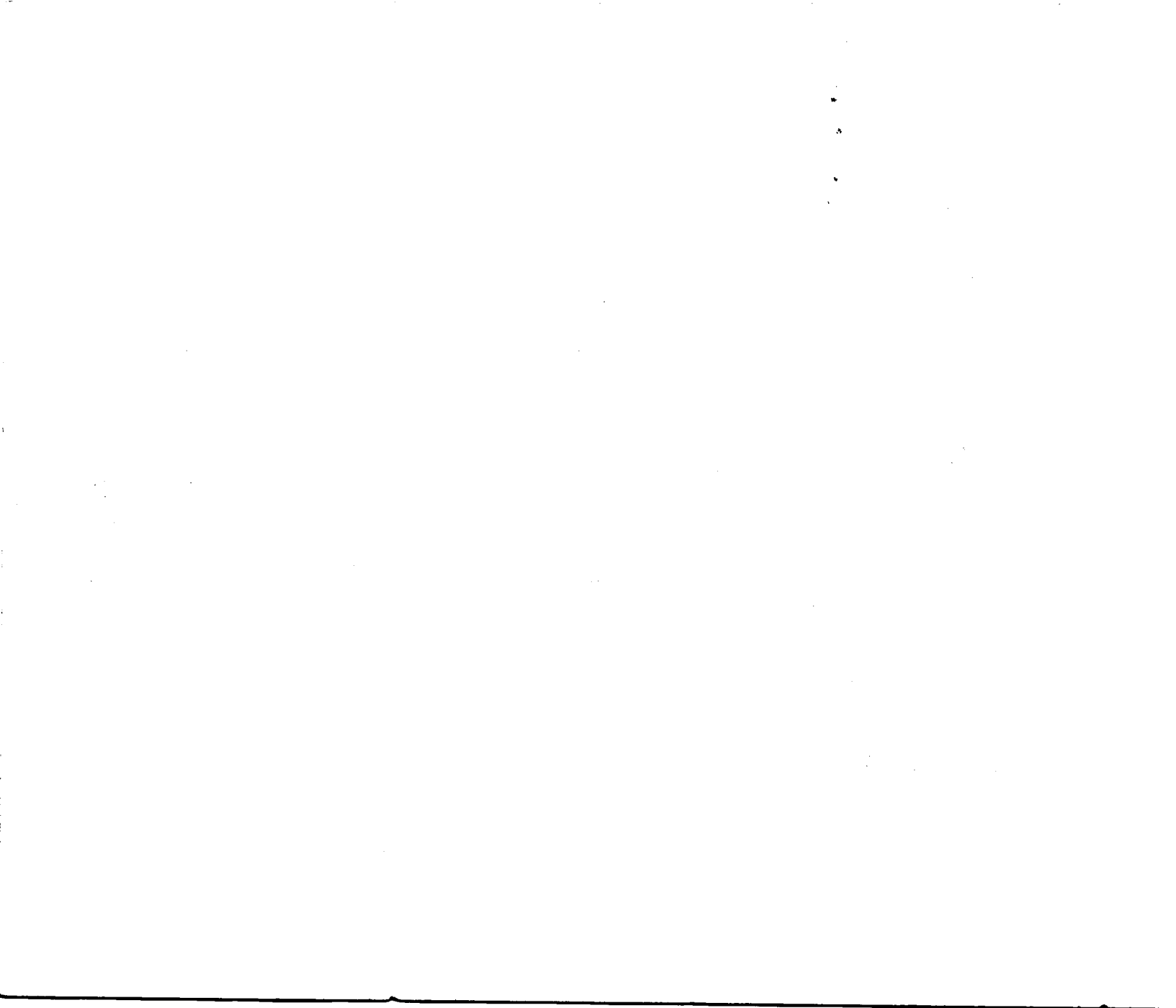
|  |                                  |
|--|----------------------------------|
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) | 20a. FETAL CAUSES<br><u>None</u> |
|  | 20b. MATERNAL CAUSES<br><u>Y</u> |

|   |  |
|---|--|
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><u>None</u> | 22. STATE ALL OPERATIONS FOR DELIVERY<br><u>None</u> |
|---|--|

|   |  |  |
|---|--|--|
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m. | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><u>[Signature]</u> | 23b. DATE SIGNED<br><u>11/14/56</u>                              |
|   | 23c. ATTENDANT'S ADDRESS<br><u>Boise, Idaho</u>  | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>[Signature]</u> TITLE |

|   |                              |  |  |
|---|------------------------------|--|--|
| 25a. SPECIAL CREMATION, REMOVAL (Specify) | 25b. DATE<br><u>11-10-56</u> | 25c. NAME OF CEMETERY OR CREMATORY<br><u>St. Luke's Hospital</u> | 25d. LOCATION (City, town, or county) (State)<br><u>Boise, Idaho</u> |
|---|------------------------------|--|--|

|   |   |  |
|---|---|--|
| DATE REC'D BY LOCAL REG.<br><u>11-15-56</u> | REGISTRAR'S SIGNATURE<br><u>Myrtle Palmer</u> | 26. FUNERAL DIRECTOR<br><u>Myrtle Palmer</u> ADDRESS<br><u>St. Luke's Hospital</u> |
|---|---|--|



RECEIVED  
CERTIFICATE OF STILLBIRTH

DEC 10 1956

State of Idaho

State File No. 167

Local Reg. No. 9

Reg. Dist. No. 570

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <b>Bannock</b>   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>Idaho</b> b. COUNTY <b>Bannock</b>  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Pocatello</b>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Pocatello</b>  |   |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <b>Bannock Memorial Hospital</b> |   | d. STREET ADDRESS (If rural, give location)<br><b>202 Hawthorne</b>   |   |
| 3. CHILD'S NAME<br>(Type or Print) <b>BABY BOY JENSEN</b>  |   |   |   |
| 4. SEX<br><b>Male</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>October 21, 1956</b> |
| 7. FATHER'S NAME<br>a. (First) <b>Weldon</b>   | b. (Middle) <b>Talman</b>   | c. (Last) <b>Jensen</b>   | 8. COLOR OR RACE<br><b>White</b>                                      |
| 9. AGE (At time of this birth)<br><b>38</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>Bancroft, Idaho</b>   | 11a. USUAL OCCUPATION<br><b>Contractor</b>  | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>L.T. Clark, Real Estate</b>   |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>ROMA</b>   | b. (Middle)   | c. (Last) <b>CONDIE</b>   | 13. COLOR OR RACE<br><b>White</b>                                     |
| 14. AGE (At time of this birth)<br><b>34</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>Preston, Idaho</b>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>Five</b><br>b. How many children were born alive but are now dead? <b>One</b><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>None</b> |   |
| 17. INFORMANT<br><b>Roma Jensen, Mother</b>  |   |   |   |
| 18a. LENGTH OF PREGNANCY<br><b>34</b> WEEKS  | 18b. WEIGHT AT BIRTH<br><b>?</b> LBS. <b>?</b> OZS.   | 19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/><br>Approximate date   |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)       | 20a. FETAL CAUSES<br><b>Unknown</b>   |   |   |
|  | 20b. MATERNAL CAUSES<br><b>Unknown</b>  |   |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><b>NOV 21 1956</b>   |   | 22. STATE ALL OPERATIONS FOR DELIVERY   |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>8:35 P.m.</b>                          | 23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other)<br><b>George J. Cox M.D.</b>                                |   | 23b. DATE SIGNED<br><b>11/17/56</b>                                   |
|  | 23c. ATTENDANT'S ADDRESS  | IF NOT attended by physician  | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><b>[Signature]</b>            |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)  | 25b. DATE<br><b>B</b>   | 25c. NAME OF CEMETERY OR CREMATORY  | 25d. LOCATION (City, town, or county) (State)                         |
| DATE REC'D BY LOCAL REG.<br><b>DEC 9 1956</b>  | REGISTRAR'S SIGNATURE<br><b>Geraldine Smart</b>   | 26. FUNERAL DIRECTOR<br><b>[Signature]</b>  | ADDRESS<br><b>[Address]</b>   |

211

1. NAME (Last, First, Middle Initial)  
2. DATE OF BIRTH (Month, Day, Year)  
3. SEX (Male, Female)  
4. RACE (White, Negro, Other)  
5. HEIGHT (Feet, Inches)  
6. WEIGHT (Pounds)  
7. EYES (Blue, Brown, Green, Gray, Other)  
8. HAIR (Black, Brown, Blond, Red, Other)  
9. COMPLEXION (Fair, Ruddy, Olive, Other)  
10. BLOOD TYPE (A, B, AB, O, Rh)  
11. SOCIAL SECURITY NUMBER  
12. MARITAL STATUS (Single, Married, Divorced, Widowed)  
13. DATE OF MARRIAGE (Month, Day, Year)  
14. NAME OF SPOUSE (Last, First, Middle Initial)  
15. ADDRESS (Street, City, State, Zip)  
16. OCCUPATION (Job Title)  
17. EDUCATION (High School, College, University, Other)  
18. MILITARY SERVICE (Branch, Grade, Dates of Service)  
19. SIGNATURE (Printed Name)  
20. SIGNATURE (Handwritten Signature)  
21. DATE (Month, Day, Year)  
22. OFFICIAL USE (Signature, Stamp)  
23. OFFICIAL USE (Signature, Stamp)  
24. OFFICIAL USE (Signature, Stamp)  
25. OFFICIAL USE (Signature, Stamp)  
26. OFFICIAL USE (Signature, Stamp)  
27. OFFICIAL USE (Signature, Stamp)  
28. OFFICIAL USE (Signature, Stamp)  
29. OFFICIAL USE (Signature, Stamp)  
30. OFFICIAL USE (Signature, Stamp)

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 168  
Local Reg. No.  
Reg. Dist. No. 532

|   |   |  |   |
|---|---|--|---|
| 1. PLACE OF BIRTH (Vital Statistics)<br>a. COUNTY <u>Blaine Lake</u>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Blaine Lake</u>                       |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Montpelier Idaho</u>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Montpelier Idaho</u>                                    |   |
| c. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Sandra Memorial Hospital</u>  |   | d. STREET ADDRESS (If rural, give location)<br><u>Hospital</u>   |   |
| 3. CHILD'S NAME<br>(Type or Print) <u>Baby Spencer</u>  |   |  |   |
| 4. SEX<br><u>Female</u>   | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>Nov. 17 1956</u> |
| 7. FATHER'S NAME<br>a. (First) <u>James</u> b. (Middle) <u>Edward</u> c. (Last) <u>Spencer</u>  |   | 8. COLOR OR RACE<br><u>White</u>   |   |
| 9. AGE (At time of this birth)<br><u>22</u> YEARS   |   | 10. BIRTHPLACE (State or foreign country)<br><u>Montpelier Idaho</u>   |   |
| 11a. USUAL OCCUPATION<br><u>Housewife</u>   |   | 11b. KIND OF BUSINESS OR INDUSTRY<br><u>Chemistry</u>  |   |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Orthy</u> b. (Middle) <u>Grace</u> c. (Last) <u>Schmal</u>  |   | 13. COLOR OR RACE<br><u>White</u>  |   |
| 14. AGE (At time of this birth)<br><u>22</u> YEARS  |   | 15. BIRTHPLACE (State or foreign country)<br><u>Montpelier Idaho</u>   |   |
| 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>1</u><br>b. How many children were born alive but are now dead? <u>None</u><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u> |   |  |   |
| 17. INFORMANT<br><u>James E. Spencer</u>  |   |  |   |
| 18a. LENGTH OF PREGNANCY<br><u>40</u> WEEKS   |   | 18b. WEIGHT AT BIRTH<br>LBS. OZS.  |   |
| 19. Was a standard serological test for syphilis performed? Yes <u>None</u> No <u>None</u><br>Approximate date <u>June, 1956</u>  |   |  |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  |   | 20a. FETAL CAUSES<br><u>Probably rupture of placental blood vessel</u>   |   |
|   |   | 20b. MATERNAL CAUSES<br><u>None</u>  |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><u>none</u>   |   | 22. STATE ALL OPERATIONS FOR DELIVERY  |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>2 A</u> m.  |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><u>Robert A. Burdette, M.D.</u>                                |   |
| 23b. DATE SIGNED<br><u>11/27/56</u>   |   | 23c. ATTENDANT'S ADDRESS<br><u>Montpelier Idaho</u>  |   |
| 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>Montpelier Idaho</u>   |   | 24. TITLE<br><u>Montpelier Idaho</u>   |   |
| 25a. BURIAL CREMATION REMOVAL (Specify)<br><u>Burial</u>  |   | 25b. DATE<br><u>Nov 19 1956</u>  |   |
| 25c. NAME OF CEMETERY OR CREMATORY<br><u>Montpelier Cemetery</u>  |   | 25d. LOCATION (City, town, or county) (State)<br><u>Montpelier Idaho</u>   |   |
| DATE REC'D BY LOCAL REG.<br><u>11/56</u>  |   | REGISTRAR'S SIGNATURE<br><u>N. Volung</u>  |   |
| 26. FUNERAL DIRECTOR<br><u>Montpelier Idaho</u>   |   | ADDRESS<br><u>Montpelier Idaho</u>   |   |





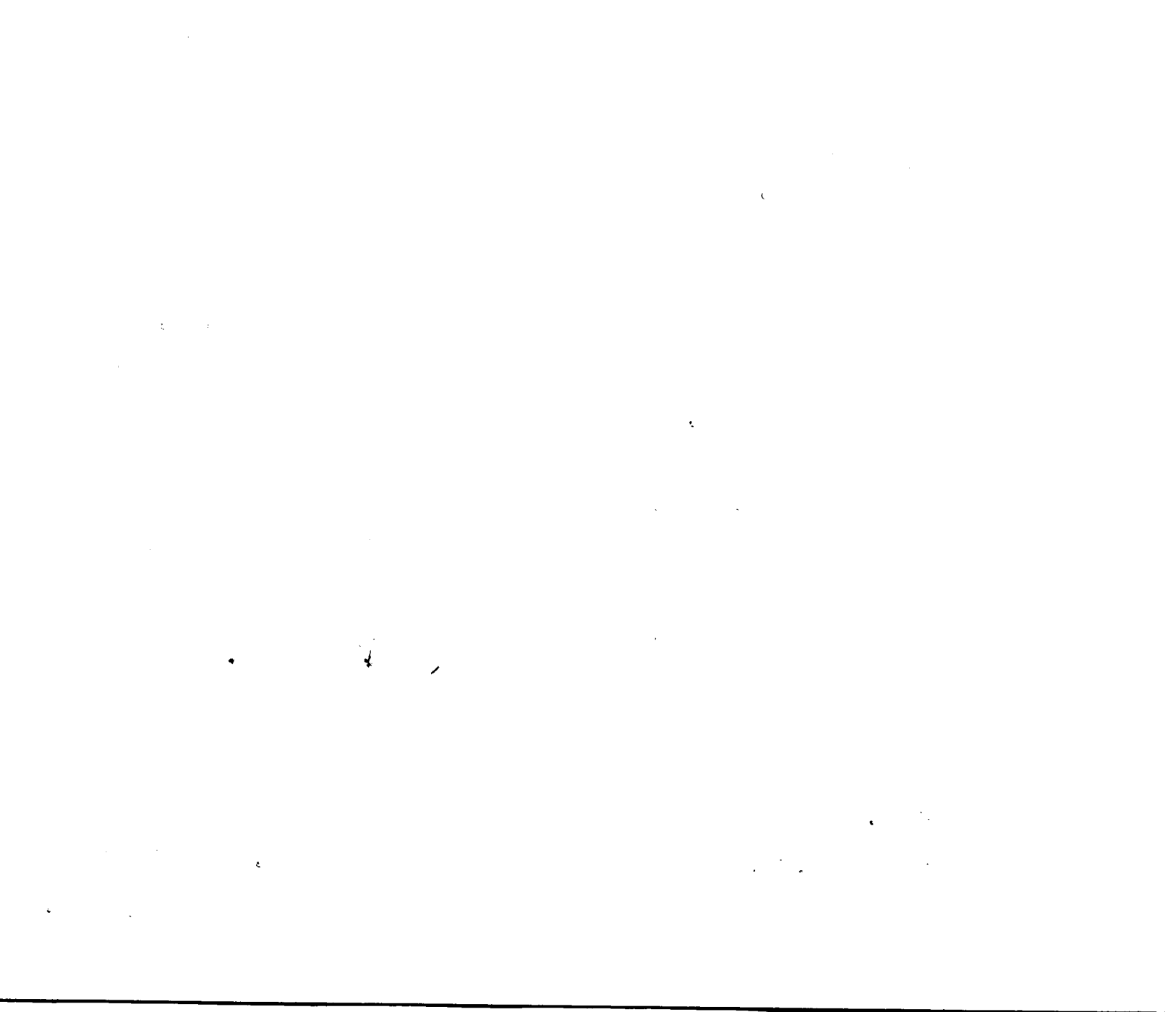
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4-48  
FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE  
NOV 17 1956

(1949 Revision of Standard Certificate)  
**CERTIFICATE OF STILLBIRTH**  
State of Idaho

State File No. 169  
Local Reg. No. H 32  
Reg. Dist. No. 6.00

**Division of Vital Statistics**

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <b>Bingham</b>   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>Idaho</b> b. COUNTY <b>Bingham</b>  |  |
| b. CITY OR TOWN <b>Blackfoot,</b>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Blackfoot,</b>   |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bingham Memorial Hospital</b>   |   | d. STREET ADDRESS (If rural, give location)<br><b>Rt. 3. (Mapello)</b>  |  |
| 3. CHILD'S NAME<br>(Type or Print) <b>Karen Eskelsen</b>   |   |   |  |
| 4. SEX<br><b>Female</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>Nov. 13, 1956</b>       |
| 7. FATHER'S NAME<br>a. (First) <b>Elden</b> b. (Middle) <b>Ray</b> c. (Last) <b>Eskelsen</b>   |   | 8. COLOR OR RACE<br><b>white</b>  |  |
| 9. AGE (At time of this birth)<br><b>32</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>Blackfoot, Idaho</b>  | 11a. USUAL OCCUPATION<br><b>Farming</b>   | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>Agriculture</b>                  |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>Marilyn</b> b. (Middle) <b>Anglesey</b> c. (Last) <b>Eskelsen</b>                                |   | 13. COLOR OR RACE<br><b>White</b>   |  |
| 14. AGE (At time of this birth)<br><b>24</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>Rigby, Idaho.</b>   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>One</b><br>b. How many children were born alive but are now dead? <b>---</b><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>One</b> |  |
| 17. INFORMANT<br><b>Elden L. Eskelsen</b>  |   |   |  |
| 18a. LENGTH OF PREG-NANCY<br><b>37</b> WEEKS   | 18b. WEIGHT AT BIRTH<br><b>6</b> LBS. - OZS.  | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date   |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><b>Encephaloblastosis fetalis</b>  |  |
| 20b. MATERNAL CAUSES   |   |   |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><b>none</b>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><b>none</b>  |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>10:15 p. m.</b>                  |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><b>Ralph M. Soates M.D.</b>   |  |
| 23b. DATE SIGNED<br><b>Nov 14, 1956</b>  |   | 23c. ATTENDANT'S ADDRESS<br><b>Blackfoot, Idaho</b>   |  |
| 23d. SIGNATURE OF AUTHORIZED OFFICIAL<br><b>John C. Sandberg</b>   |   | 23e. TITLE<br><b>REGISTRAR</b>  |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 25b. DATE<br><b>Nov. 14, 1956</b>   | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Riverside-Thomas Cemetery</b>  | 25d. LOCATION (City, town, or county) (State)<br><b>Blackfoot, Idaho</b> |
| DATE REC'D BY LOCAL REG.<br><b>Nov 14, 1956</b>  | REGISTRAR'S SIGNATURE<br><b>Mrs. Helen E. Palmer</b>  | 25f. FUNERAL DIRECTOR<br><b>John C. Sandberg</b>  | ADDRESS<br><b>Blackfoot, Idaho.</b>                                      |



## CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 170

Local Reg. No. 441

Reg. Dist. No. 620

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <b>Division of Vitals Bingham</b>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>Idaho</b> b. COUNTY <b>Bingham</b>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Blackfoot</b>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Rural - Pingree</b>   |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bingham Memorial Hospital</b>   |   | d. STREET ADDRESS (If rural, give location)<br><b>Pingree</b>  |  |
| 3. CHILD'S NAME<br>(Type or Print) <b>Infant Jackson</b>   |   |  |  |
| 4. SEX<br><b>female</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>   | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>Nov. 19, 1956</b>               |
| 7. FATHER'S NAME<br>a. (First) <b>Donald</b>   | b. (Middle) <b>F.</b>   | c. (Last) <b>Jackson</b>   | 8. COLOR OR RACE<br><b>white</b>   |
| 9. AGE (At time of this birth)<br><b>35</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>Blackfoot, Idaho</b>  | 11a. USUAL OCCUPATION<br><b>Farmer</b>   | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>On Farm</b>                              |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>Nancy</b>  | b. (Middle)   | c. (Last) <b>Wagner</b>  | 13. COLOR OR RACE<br><b>white</b>  |
| 14. AGE (At time of this birth)<br><b>27</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>Niles, California</b>   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>2</b><br>b. How many children were born alive but are now dead? <b>2</b><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>none</b> |  |
| 17. INFORMANT<br><b>Donald F. Jackson</b>  |   |  |  |
| 18a. LENGTH OF PREGNANCY<br><b>28</b> WEEKS  | 18b. WEIGHT AT BIRTH<br><b>4</b> LBS. <b>2</b> OZS.   | 19. Was a standard serological test for syphilis performed? Yes <b>Yes</b> No <b>No</b><br>Approximate date <b>6-8-56</b>  |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) | 20a. FETAL CAUSES<br><b>None</b>  |  |  |
|  | 20b. MATERNAL CAUSES<br><b>Premature separation of Low lying Placenta</b>   |  |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><b>None</b>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><b>None</b>   |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.                            | 23a. ATTENDANT'S SIGNATURE<br>(Specify if M. D., midwife, or other)<br><b>M. D.</b>   |  | 23b. DATE SIGNED<br><b>11-19-56</b>  |
|  | 23c. ATTENDANT'S ADDRESS<br><b>Blackfoot, Idaho</b>   | If NOT attended by physician   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><b>Howard Packham</b>                    |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 25b. DATE<br><b>11-19-56</b>  | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Riverside-Thomas Cem.</b>   | 25d. LOCATION (City, town, or county) (State)<br><b>Rt. #2, Blackfoot, Idaho</b> |
| DATE REC'D BY LOCAL REG.<br><b>Nov 19-1956</b>   | REGISTRAR'S SIGNATURE<br><b>Mrs. Helen E. Frazier</b>   | 26. FUNERAL DIRECTOR ADDRESS<br><b>Howard Packham Blackfoot, Idaho</b>   |  |



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1949 Revision of Standard Certificate)

DEC 17 1956

## CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 171

Local Reg. No. 267

Reg. Dist. No. 610

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <u>Bonneville</u>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u><br>b. COUNTY <u>Bonneville</u>  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Idaho Falls</u>                                      |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Idaho Falls</u>   |   |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR<br>INSTITUTION <u>L.D.S. Hospital</u>  |   | d. STREET ADDRESS (If rural, give location)<br><u>316 Lava</u>  |   |
| 3. CHILD'S NAME<br>(Type or Print)<br><u>Baby Anderson</u>   |   |   |   |
| 4. SEX<br><u>Female</u>  | 5a. THIS BIRTH<br>SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>   | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>Nov. 21 1956</u>   |
| 7. FATHER'S NAME<br>a. (First) <u>Lynn</u><br>b. (Middle) <u>Anderson</u><br>c. (Last) <u>Anderson</u>                                     |   | 8. COLOR OR RACE<br><u>White</u>  |   |
| 9. AGE (At time of this birth)<br><u>27</u> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><u>Idaho</u>   | 11a. USUAL OCCUPATION<br><u>Mail Clerk</u>  | 11b. KIND OF BUSINESS OR INDUSTRY<br><u>U.S. Post Office</u>        |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Frances</u><br>b. (Middle) <u>Sobieski</u><br>c. (Last) <u>Sobieski</u>                          |   | 13. COLOR OR RACE<br><u>White</u>   |   |
| 14. AGE (At time of this birth)<br><u>23</u> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><u>Wisconsin</u>   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>4</u><br>b. How many children were born alive but are now dead? <u>0</u><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u> |   |
| 17. INFORMANT<br><u>Lynn Anderson</u>  |   |   |   |
| 18a. LENGTH OF PREGNANCY<br><u>27</u> WEEKS  | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date <u>Sept. 1956</u>   |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES   |   |
|  |   | 20b. MATERNAL CAUSES <u>Premature separation of placenta</u>  |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><u>Premature separation of placenta</u>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><u>Cesarean section</u>  |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>1:30 P.m.</u>                    |   | 23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other)<br><u>L. J. Bingham M.D.</u>  |   |
| 23b. DATE SIGNED<br><u>Nov. 30, 1956</u>   |   | 23c. ATTENDANT'S ADDRESS<br><u>Idaho Falls, Idaho</u>   |   |
| 23d. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>Ralph M. Wood</u>  |   | 23e. TITLE<br><u>Idaho Falls, Idaho</u>   |   |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 25b. DATE<br><u>11/23/56</u>  | 25c. NAME OF CEMETERY OR CREMATORY<br><u>Pioneer Cemetery</u>   | 25d. LOCATION (City, town, or county) (State)<br><u>Rigby Idaho</u> |
| DATE REC'D BY LOCAL REG.<br><u>Dec. 15-1956</u>  | REGISTRAR'S SIGNATURE<br><u>Anna R. Rudge</u>   | 26. FUNERAL DIRECTOR<br><u>Ralph M. Wood</u><br>ADDRESS<br><u>Idaho Falls, Idaho</u>  |   |

Bingham

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**RECEIVED**

(1949 Revision of Standard Certificate)

**CERTIFICATE OF STILLBIRTH****DEC 17 1956****State of Idaho**

State File No. ....

Local Reg. No. ....

Reg. Dist. No. ....

172

257

610

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <b>Bonneville</b>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>Idaho</b> b. COUNTY <b>Bingham</b>  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Idaho Falls</b>                                      |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Shelley, Rt. 2</b>  |   |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR<br>INSTITUTION                         |   | d. STREET ADDRESS (If rural, give location)   |   |
| 3. CHILD'S NAME<br>(Type or Print) <b>Babe Leslie Feilding</b>   |   |   |   |
| 4. SEX<br><b>Female</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>Nov. 25 1956</b>     |
| 7. FATHER'S NAME<br>a. (First) <b>Leslie L.</b> b. (Middle) <b>Delray</b> c. (Last) <b>Feilding</b>  |   | 8. COLOR OR RACE<br><b>White</b>  |   |
| 9. AGE (At time of this birth)<br><b>25</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>Shelley, Idaho</b>  | 11a. USUAL OCCUPATION<br><b>Student</b>   | 11b. KIND OF BUSINESS OR INDUSTRY                                     |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>Lois</b> b. (Middle) <b>Colleen Shultz</b> c. (Last) <b>Feilding</b>                             |   | 13. COLOR OR RACE<br><b>White</b>   |   |
| 14. AGE (At time of this birth)<br><b>26</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>California</b>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>one</b><br>b. How many children were born alive but are now dead?<br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>none</b> |   |
| 17. INFORMANT<br><b>Leslie H. Feilding</b>   |   |   |   |
| 18a. LENGTH OF PREGNANCY<br><b>24</b> WEEKS  | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | 19. Was a standard serological test for syphilis performed? Yes..... No.....<br>Approximate date  |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><b>None apparent.</b>  |   |
|  |   | 20b. MATERNAL CAUSES<br><b>Spontaneous abortion</b>   |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR   |   | 22. STATE ALL OPERATIONS FOR DELIVERY   |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.                            |   | 23a. ATTENDANT'S SIGNATURE<br><b>Robert H. Kelly MD</b><br>(Specify M.D., midwife, or other)  |   |
| 23b. DATE SIGNED<br><b>2-3-56</b>  |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><b>George W. Halden</b><br>TITLE  |   |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 25b. DATE<br><b>Nov. 26, 1956</b>   | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Hillcrest</b>  | 25d. LOCATION (City, town, or county) (State)<br><b>Shelley Idaho</b> |
| DATE REC'D BY LOCAL REG.<br><b>Dec. 10 - 1956</b>  | REGISTRAR'S SIGNATURE<br><b>Anne Budja</b>  | 26. FUNERAL DIRECTOR<br><b>George W. Halden</b>   | ADDRESS<br><b>Shelley</b>   |





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(1949 Revision of Standard Certificate)

DEC 17 1956

## CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. ....

Local Reg. No. 266Reg. Dist. No. 670

173

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <b>Bonneville</b>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>Idaho</b> b. COUNTY <b>Bonneville</b>                        |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Idaho Falls</b>                                      |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Idaho Falls, Rural</b>                       |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sacred Heart Hospital</b>   |   | d. STREET ADDRESS (If rural, give location)<br><b>Route # 3</b>  |  |
| 3. CHILD'S NAME<br>(Type or Print) <b>BABY TAYLOR</b>  |   |  |  |
| 4. SEX<br><b>Male</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>November 27, 1956</b>   |
| 7. FATHER'S NAME<br>a. (First) <b>Larry</b>  |   | b. (Middle) <b>M.</b>  | c. (Last) <b>Taylor</b>  |
| 9. AGE (At time of this birth)<br><b>23</b> YEARS  |   | 10. BIRTHPLACE (State or foreign country)<br><b>Idaho</b>  | 11a. USUAL OCCUPATION<br><b>Contractor</b>   |
|  |   | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>Earth Moving</b>   | 13. COLOR OR RACE<br><b>White</b>  |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>Janice</b>   |   | b. (Middle) <b>Eileen</b>  | c. (Last) <b>Tawzer</b>  |
| 14. AGE (At time of this birth)<br><b>19</b> YEARS   |   | 15. BIRTHPLACE (State or foreign country)<br><b>Idaho</b>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>None</b><br>b. How many children were born alive but are now dead? <b>None</b><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>None</b> |
| 17. INFORMANT<br><b>Larry M Taylor</b>   |   |  |  |
| 18a. LENGTH OF PREGNANCY<br>WEEKS  | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | Was a standard serological test for syphilis performed? Yes..... No.....<br>Approximate date                                       |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><b>abruptio placentae</b>   |  |
|  |   | 20b. MATERNAL CAUSES<br><b>Pre-eclampsia</b>   |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><b>Pre-eclampsia</b>   |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><b>None</b>   |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.                            |   | 23a. ATTENDANT'S SIGNATURE<br><b>[Signature]</b>   | (Specify if M.D., midwife, or other) <b>M. D.</b>  |
|  |   | 23c. ATTENDANT'S ADDRESS<br><b>Idaho Falls, Idaho</b>  | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><b>[Signature]</b>   |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 25b. DATE<br><b>Nov. 29, 1956</b>   | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Iona Cemetery</b>   | 25d. LOCATION (City, town, or county) (State)<br><b>Bonneville County Idaho</b>  |
| DATE REC'D BY LOCAL REG.<br><b>Dec. 14 - 1956</b>  | REGISTRAR'S SIGNATURE<br><b>[Signature]</b>   | 26. FUNERAL DIRECTOR<br><b>[Signature]</b>   | ADDRESS<br><b>Idaho Falls, Idaho</b>   |

Mr. Bill,

My dear Mr. Bill,

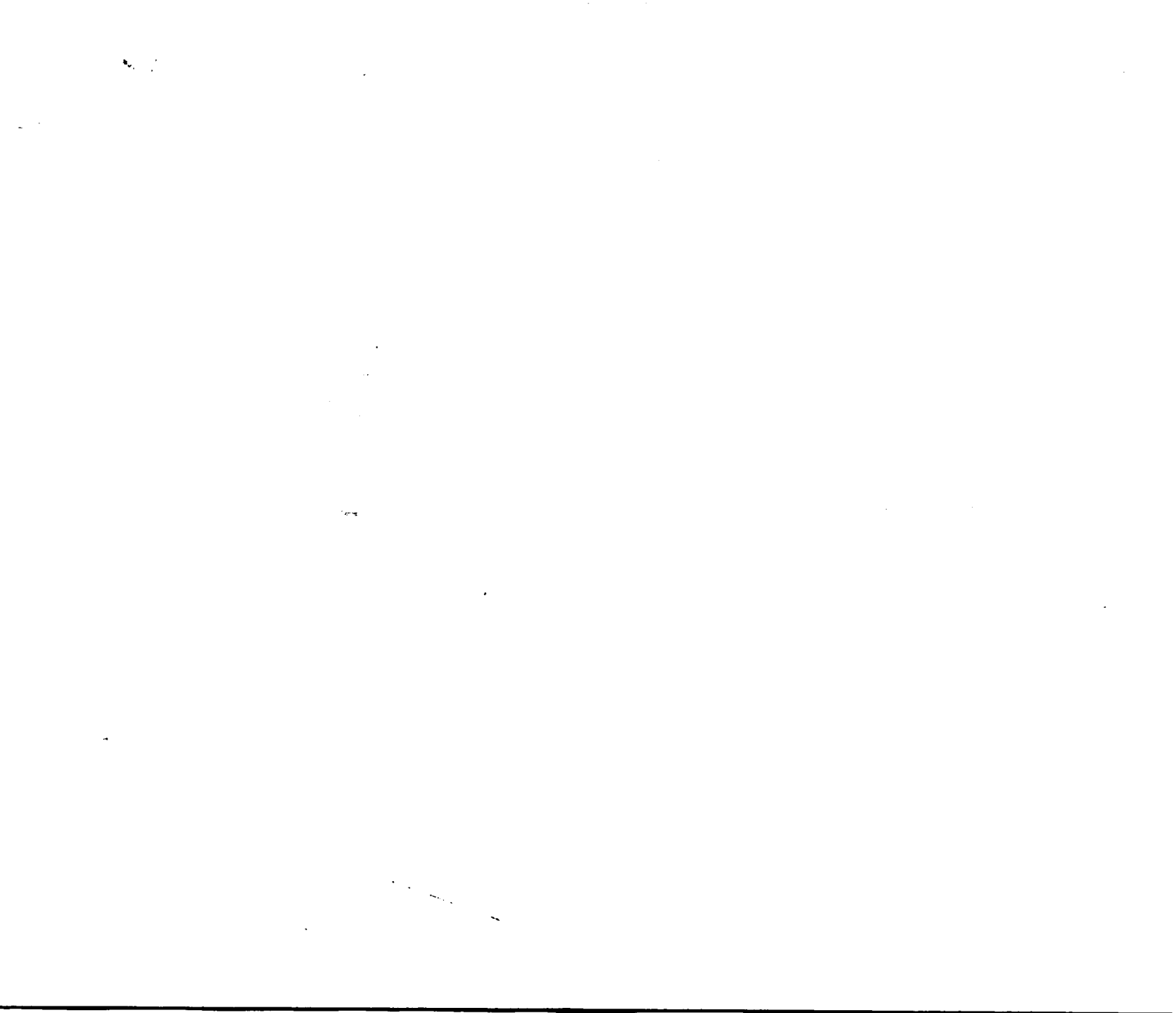
I have

just

(1949 Revision of Standard Certificate)  
**RECEIVED**  
**CERTIFICATE OF STILLBIRTH**  
DEC 3 1956  
State of Idaho

89  
State File No. 174  
Local Reg. No. 88  
Reg. Dist. No. 360

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <b>CANYON</b>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>IDAHO</b> b. COUNTY <b>CANYON</b>   |  |
| b. CITY OR TOWN <b>CALDWELL</b>  |   | c. CITY OR TOWN <b>PARMA</b>  |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <b>CALDWELL MEMORIAL</b>   |   | d. STREET ADDRESS (If rural, give location) <b>ROUTE 3</b>  |  |
| 3. CHILD'S NAME<br>((Type or Print)) <b>JOSEPH ALBERT WATKINS</b>  |   |   |  |
| 4. SEX<br><b>MALE</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>   | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>NOV. 7 1956</b> |
| 7. FATHER'S NAME<br>a. (First) <b>REID</b> b. (Middle) <b>LORANCE</b> c. (Last) <b>WATKINS</b>   |   | 8. COLOR OR RACE<br><b>WHITE</b>  |  |
| 9. AGE (At time of this birth)<br><b>34</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>PARMA, IDAHO</b>  | 11a. USUAL OCCUPATION<br><b>FARMER</b>  | 11b. KIND OF BUSINESS OR INDUSTRY                                |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>PAULINE</b> b. (Middle) <b>MILLWARD</b> c. (Last) <b>WATKINS</b>                                 |   | 13. COLOR OR RACE<br><b>WHITE</b>   |  |
| 14. AGE (At time of this birth)<br><b>21</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>AFTON, WYOMING</b>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>1</b><br>b. How many children were born alive but are now dead? <b>0</b><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b> |  |
| 17. INFORMANT<br><b>* Pauline Watkins MOTHER</b>   |   |   |  |
| 18a. LENGTH OF PREGNANCY<br><b>about 28 WEEKS</b>  | 18b. WEIGHT AT BIRTH<br><b>3 LBS. 2 OZS.</b>  | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date <b>4 Mo. previous</b>   |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><b>torion of umbilical Cord</b>  |  |
|  |   | 20b. MATERNAL CAUSES<br><b>premature rupture of th membrane</b>   |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><b>Chronic Cervicitis</b>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><b>none</b>  |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.                            |   | 23a. ATTENDANT'S SIGNATURE<br><b>Charles E. Kewich M.D.</b>   | 23b. DATE SIGNED<br><b>11-11-56</b>                              |
| 23c. ATTENDANT'S ADDRESS<br><b>220 E Logan Caldwell</b>  |   | IF NOT attended by physician  | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><b>J. H. Jackson</b>     |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>11-23-56</b>   | 25b. DATE<br><b>11-14-56</b>  | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Canyon Idies</b>   | 25d. LOCATION (City, town, or county) (State)<br><b>Idaho</b>    |
| DATE REC'D BY LOCAL REG.<br><b>11/23/56</b>  |   | REGISTRAR'S SIGNATURE<br><b>Agnes M. Denman</b>   |  |
|  |   | 26. FUNERAL DIRECTOR<br><b>J. H. Jackson</b>  |  |

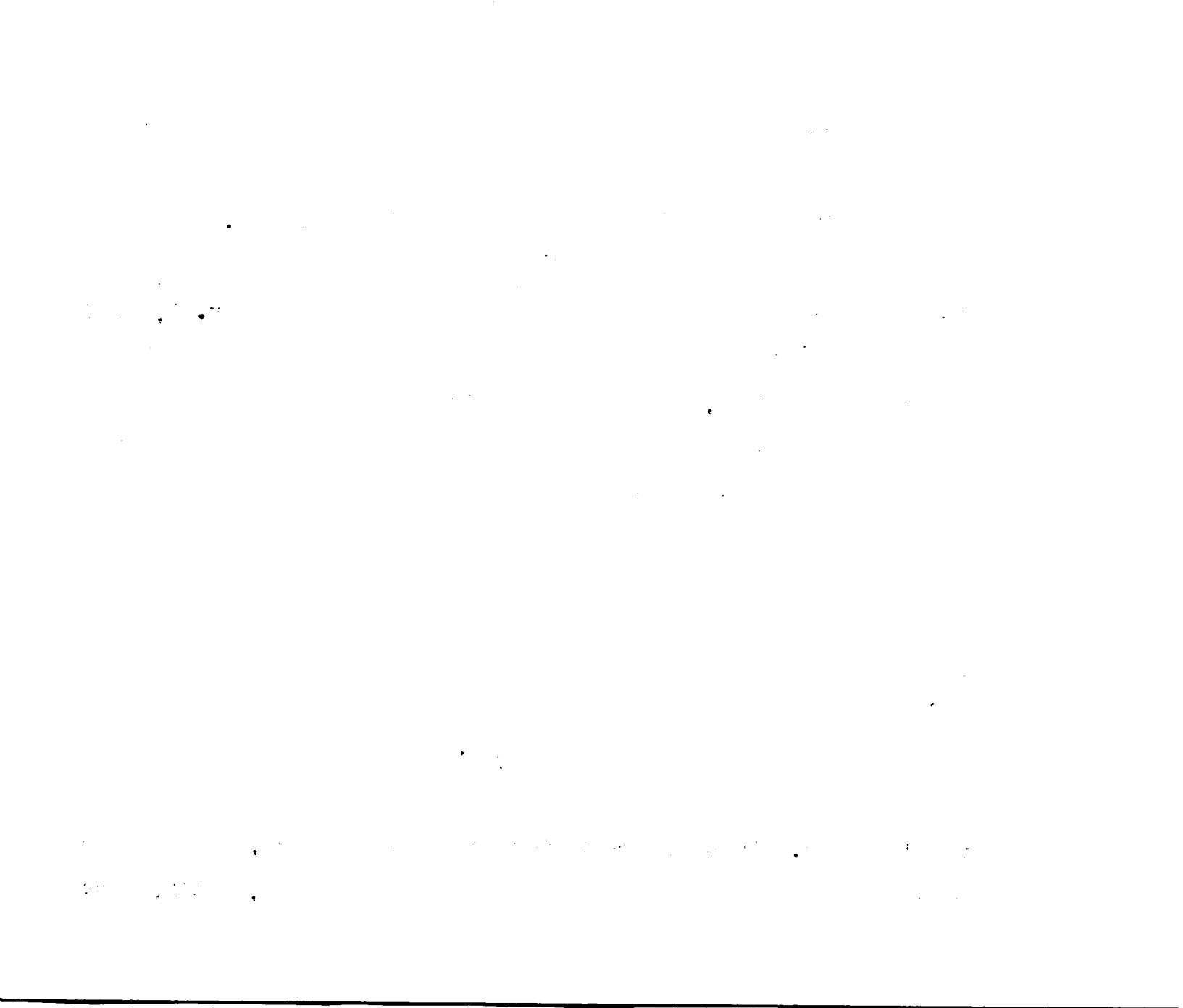


(1949 Revision of Standard Certificate)  
**CERTIFICATE OF STILLBIRTH**  
State of Idaho

State File No. 175  
Local Reg. No. 571  
Reg. Dist. No. 170

Division of Vital Statistics

|  |   |  |   |   |   |
|--|---|--|---|---|---|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <b>Cassia</b><br>b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Burley</b><br>c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Cottage Hospital</b> |   |  | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>Idaho</b> b. COUNTY <b>Cassia</b><br>c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Burley</b><br>d. STREET ADDRESS (If rural, give location) <b>826 Burton Ave.</b> |   |   |
| 3. CHILD'S NAME<br>(Type or Print) <b>Orahood</b>  |   |  |   |   |   |
| 4. SEX<br><b>Male</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> |  | 5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>   |   | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>Nov. 1, 1956</b> |
| 7. FATHER'S NAME<br>a. (First) <b>Fred</b><br>b. (Middle) <b>Orahood</b><br>c. (Last) <b>White</b>   |   | 8. COLOR OR RACE <b>White</b>  |   |   |   |
| 9. AGE (At time of this birth) <b>32</b> YEARS   |   | 10. BIRTHPLACE (State or foreign country) <b>Burley, Idaho</b>                 |   | 11a. USUAL OCCUPATION <b>Butcher</b><br>11b. KIND OF BUSINESS OR INDUSTRY   |   |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>Elda</b><br>b. (Middle) <b>Rae</b><br>c. (Last) <b>FOX</b>   |   | 13. COLOR OR RACE <b>White</b>   |   |   |   |
| 14. AGE (At time of this birth) <b>32</b> YEARS  |   | 15. BIRTHPLACE (State or foreign country) <b>Downey, Idaho</b>                 |   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children born alive but are now dead? <b>3</b><br>b. How many children were born dead but are now dead? <b>0</b><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b> |   |
| 17. INFORMANT <b>826 Burton</b><br><b>Fred L. Orahood Burley, Idaho</b>  |   |  |   |   |   |
| 18a. LENGTH OF PREGNANCY <b>24</b> WEEKS   |   | 18b. WEIGHT AT BIRTH<br>LBS. OZS.  |   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date   |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)   |   | 20a. FETAL CAUSES <b>None</b><br>20b. MATERNAL CAUSES <b>abruptio-placenta</b> |   |   |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><b>Concealed Hemorrhage &amp; Shock</b>  |   |  | 22. STATE ALL OPERATIONS FOR DELIVERY<br><b>Caesarian Section</b>   |   |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>11:30 A.m.</b>   |   | 23a. ATTENDANT'S SIGNATURE<br><b>[Signature]</b>                               |   | 23b. DATE SIGNED<br><b>11-2-56</b>  |   |
| 23c. ATTENDANT'S ADDRESS   |   | If NOT attended by physician   |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><b>[Signature]</b> TITLE  |   |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |   | 25b. DATE<br><b>Nov. 3, 1956</b>   |   | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Pleasant View Cemetery</b>   |   |
| 25d. LOCATION (City, town, or county) (State)<br><b>Burley, Idaho</b>  |   | 26. FUNERAL DIRECTOR<br><b>Kim B. McPullock</b> ADDRESS <b>Burley, Idaho</b>   |   |   |   |
| DATE REC'D BY LOCAL REG.<br><b>11-16-56</b>  |   | REGISTRAR'S SIGNATURE<br><b>[Signature]</b>                                    |   |   |   |



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(1949 Revision of Standard Certificate)

DEC 4 1956

## CERTIFICATE OF STILLBIRTH

State of Idaho

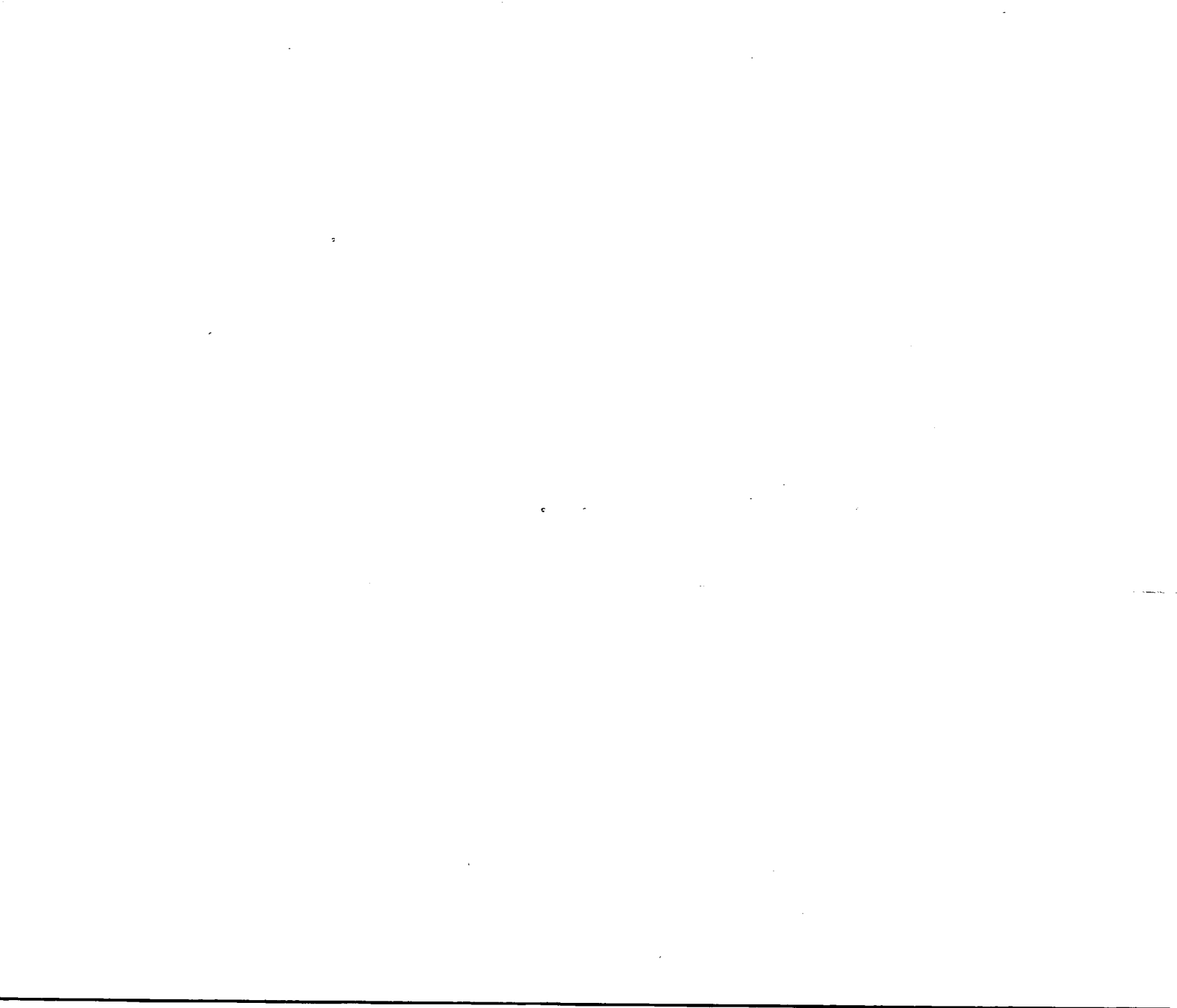
State File No. 176

Local Reg. No. 573

Reg. Dist. No. 470

Division of Vital Statistics

|   |   |  |   |
|---|---|--|---|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY<br><b>Cassia</b>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE<br><b>Idaho</b><br>b. COUNTY<br><b>Minidoka</b>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><b>Burley</b>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><b>Paul</b>  |   |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR<br>INSTITUTION<br><b>Cottage Hospital</b> |   | d. STREET ADDRESS (If rural, give location)<br><b>R.F.D.</b>   |   |
| 3. CHILD'S NAME<br>(Type or Print)<br><b>Baby Hepworth</b>  |   |  |   |
| 4. SEX<br><b>Female</b>   | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>   | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>Nov. 21, 1956</b>  |
| 7. FATHER'S NAME<br>a. (First)<br><b>Joseph</b><br>b. (Middle)<br><b>Leland</b><br>c. (Last)<br><b>Hepworth</b>                               |   | 8. COLOR OR RACE<br><b>White</b>   |   |
| 9. AGE (At time of this birth)<br><b>31</b> YEARS   | 10. BIRTHPLACE (State or foreign country)<br><b>Malta, Idaho</b>  | 11a. USUAL OCCUPATION<br><b>School teacher</b>   | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>Education</b>               |
| 12. MOTHER'S MAIDEN NAME<br>a. (First)<br><b>Anna Mae</b><br>b. (Middle)<br><b>Graham</b><br>c. (Last)<br><b>White</b>                        |   | 13. COLOR OR RACE<br><b>White</b>  |   |
| 14. AGE (At time of this birth)<br><b>28</b> YEARS  | 15. BIRTHPLACE (State or foreign country)<br><b>Mesilla Park, N. M.</b>   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living?<br>b. How many children were born alive but are now dead?<br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? |   |
| 17. INFORMANT<br><b>Joseph Leland Hepworth</b>  |   |  |   |
| 18a. LENGTH OF PREGNANCY<br><b>22</b> WEEKS   | 18b. WEIGHT AT BIRTH<br><b>—</b> LBS. <b>—</b> OZS.   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date <b>Aug 9, 1956</b>   |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)    |   | 20a. FETAL CAUSES  |   |
|   |   | 20b. MATERNAL CAUSES<br><b>Premature separation Placenta</b>   |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><b>none</b>   |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><b>none</b>   |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>10:32 a.m.</b>                      |   | 23a. ATTENDANT'S SIGNATURE<br><b>[Signature]</b> (Specify if M. D., midwife, or other)<br>23b. ATTENDANT'S ADDRESS<br><b>Burley, Idaho</b>   |   |
| 23c. DATE SIGNED<br><b>Nov 23, 1956</b>   |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><b>[Signature]</b> TITLE   |   |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 25b. DATE<br><b>Nov. 21, 56</b>   | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Elba Cemetery</b>   | 25d. LOCATION (City, town, or county) (State)<br><b>Elba, Idaho</b> |
| DATE REC'D BY LOCAL REG.<br><b>11-28-56</b>   | REGISTRAR'S SIGNATURE<br><b>[Signature]</b>   | 26. FUNERAL DIRECTOR<br><b>[Signature]</b>   | ADDRESS<br><b>Burley</b>  |





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NOV 19 1956

(1949 Revision of Standard Certificate)

## CERTIFICATE OF STILLBIRTH

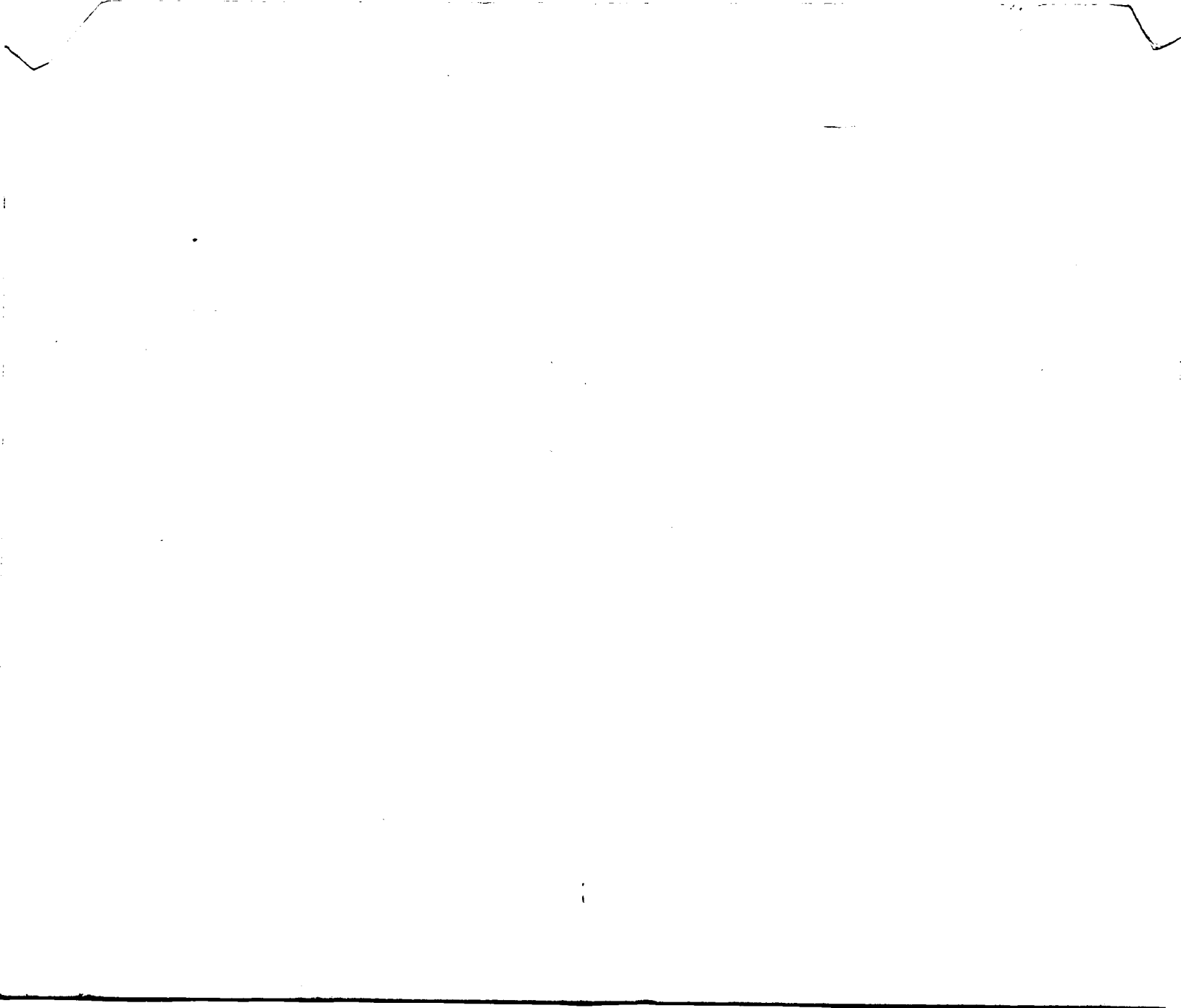
State of Idaho

State File No. 177

Local Reg. No. 110

Reg. Dist. No. 210

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF BIRTH (For Vital Statistics)<br>a. COUNTY <u>Clearwater</u>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Clearwater</u>  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Orofino</u>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Orofino</u>   |   |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <u>Orofino Hospital</u>    |   | d. STREET ADDRESS (If rural, give location)  |   |
| 3. CHILD'S NAME<br>(Type or Print) <u>Baby Girl Westlund</u>   |   |  |   |
| 4. SEX<br><u>F</u>   | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>   | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>11-9-1956</u>        |
| 7. FATHER'S NAME<br><u>Albin</u>   | a. (First)  | b. (Middle) <u>E.</u>  | c. (Last) <u>Westlund</u>   |
| 8. COLOR OR RACE<br><u>W</u>   |   |  |   |
| 9. AGE (At time of this birth)<br><u>42</u> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><u>Montana</u>   | 11a. USUAL OCCUPATION<br><u>Painter</u>  | 11b. KIND OF BUSINESS OR INDUSTRY<br><u>Painting contractor</u>       |
| 12. MOTHER'S MAIDEN NAME<br><u>Ida</u>   | a. (First)  | b. (Middle) <u>M.</u>  | c. (Last) <u>Utz</u>  |
| 13. COLOR OR RACE<br><u>W</u>  |   |  |   |
| 14. AGE (At time of this birth)<br><u>38</u> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><u>Idaho</u>   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>5</u><br>b. How many children were born alive but are now dead?<br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u> |   |
| 17. INFORMANT<br><u>Albin E. Westlund</u>  |   |  |   |
| 18a. LENGTH OF PREGNANCY<br><u>7</u> MO. <u>WEEKS</u>  | 18b. WEIGHT AT BIRTH<br><u>5</u> LBS. <u>OZS.</u>   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date <u>10-31-1956</u>  |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><u>Asphyxia</u>   |   |
|  |   | 20b. MATERNAL CAUSES<br><u>Premature separation of placenta</u>  |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><u>Premature - for placenta previa</u>   |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><u>O</u>  |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>10:45 a.m.</u>                   |   | 23a. ATTENDANT'S SIGNATURE<br><u>R. J. Hoffstein, M.D.</u>   | (Specify if M. D., midwife, or other)                                 |
| 23b. DATE SIGNED<br><u>11/9/56</u>   |   | 23c. ATTENDANT'S ADDRESS<br><u>Orofino, Ida.</u>   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>M. E. Gilbert</u>          |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 25b. DATE<br><u>11-10-1956</u>  | 25c. NAME OF CEMETERY OR CREMATORY<br><u>Riverside Cemetery</u>  | 25d. LOCATION (City, town, or county) (State)<br><u>Orofino Idaho</u> |
| DATE REC'D BY LOCAL REG.<br><u>Nov. 10, 1956</u>   | REGISTRAR'S SIGNATURE<br><u>Hazel D. Williams</u>   | 26. FUNERAL DIRECTOR<br><u>M. E. Gilbert</u>   | ADDRESS<br><u>Orofino</u><br><u>Gilbert's Funeral Chapel</u>          |



## CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. ....

Local Reg. No. ....

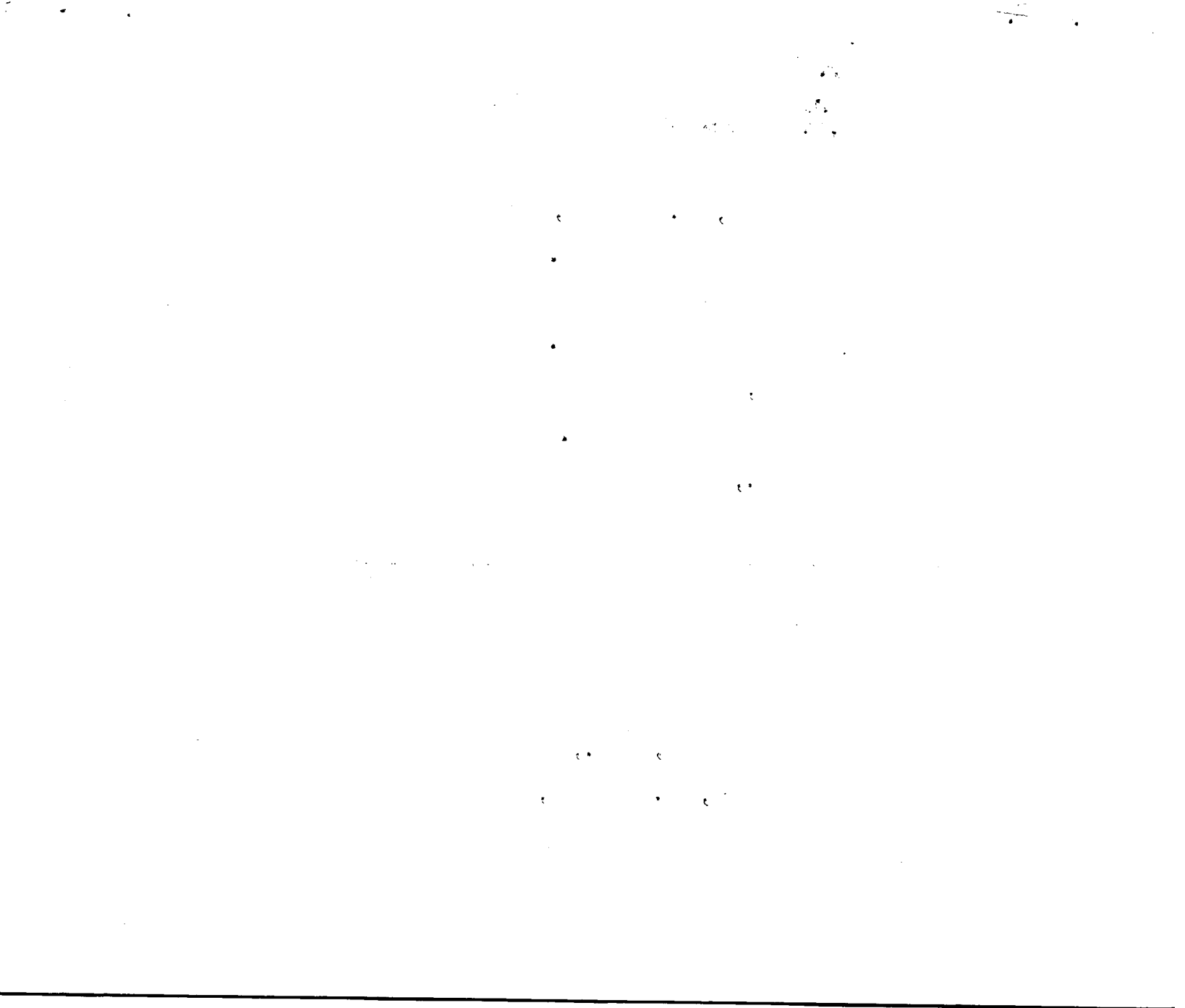
Reg. Dist. No. ....

43-178

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|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <b>ELMORE</b>   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>IDAHO</b> b. COUNTY <b>ELMORE</b>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>UNITED STATES AIR FORCE, HOSPITAL</b>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>MOUNTAIN HOME</b>  |  |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR<br>INSTITUTION <b>USAF Hospital, MT. HOME AFB, IDA</b>  |   | d. STREET ADDRESS (If rural, give location)<br><b>208 BENNETT HOUSING</b>  |  |
| 3. CHILD'S NAME<br>(Type or Print)<br><b>WILLIAM R. WARD</b>  |   |  |  |
| 4. SEX<br><b>MALE</b>   | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>   | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>NOV 19 1956</b>             |
| 7. FATHER'S NAME<br>a. (First) <b>STANLEY</b>   |   | b. (Middle) <b>R.</b>  | c. (Last) <b>WARD</b>  |
| 8. COLOR OR RACE<br><b>CAU</b>  |   |  |  |
| 9. AGE (At time of this birth)<br><b>19 YEARS</b>   | 10. BIRTHPLACE (State or foreign country)<br><b>UTAH, CLEVELAND</b>   | 11a. USUAL OCCUPATION<br><b>USAF</b>   | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>USAF</b>                             |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>IRENE</b>   |   | b. (Middle) <b>B.</b>  | c. (Last) <b>DAY</b>   |
| 13. COLOR OR RACE<br><b>CAU</b>   |   |  |  |
| 14. AGE (At time of this birth)<br><b>16 YEARS</b>  | 15. BIRTHPLACE (State or foreign country)<br><b>COLO., UNKNOWN</b>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>NONE</b><br>b. How many children were born alive but are now dead? <b>NONE</b><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>NONE</b> |  |
| 17. INFORMANT<br><b>"X" Stanley R. Ward</b>   |   |  |  |
| 18a. LENGTH OF PREGNANCY<br><b>34 WEEKS</b>   | 18b. WEIGHT AT BIRTH<br><b>3 LBS. 15 1/2 OZS.</b>   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date <b>14 JUNE 1956</b>  |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)<br><b>Compression Umbilical Cord - interphenary fetal arc.</b> |   | 20a. FETAL CAUSES<br><b>None</b>   |  |
| 20b. MATERNAL CAUSES<br><b>None</b>   |   |  |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><b>None</b>   |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><b>None</b>   |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>11:45 A.M.</b>  |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><b>PETER SIEGEL, Capt., USAF (MC)</b>  |  |
| 23b. DATE SIGNED<br><b>19 NOV 56</b>  |   | 23c. ATTENDANT'S ADDRESS<br><b>IDAHO</b>   |  |
| 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><b>Arthur Smith</b>   |   | TITLE<br><b>BEY MORTUARY</b>   |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>CREMATION</b>   | 25b. DATE<br><b>11/19/56</b>  | 25c. NAME OF CEMETERY OR CREMATORY<br><b>BEY MORTUARY</b>  | 25d. LOCATION (City, town, or county) (State)<br><b>MOUNTAIN HOME, IDAHO</b> |
| DATE REC'D BY LOCAL REG.<br><b>Nov 20 1956</b>  | REGISTRAR'S SIGNATURE<br><b>A F Anderson</b>  | 26. FUNERAL DIRECTOR ADDRESS<br><b>BEY MORTUARY Mtn. Home, IDAHO</b>   |  |



## CERTIFICATE OF STILLBIRTH

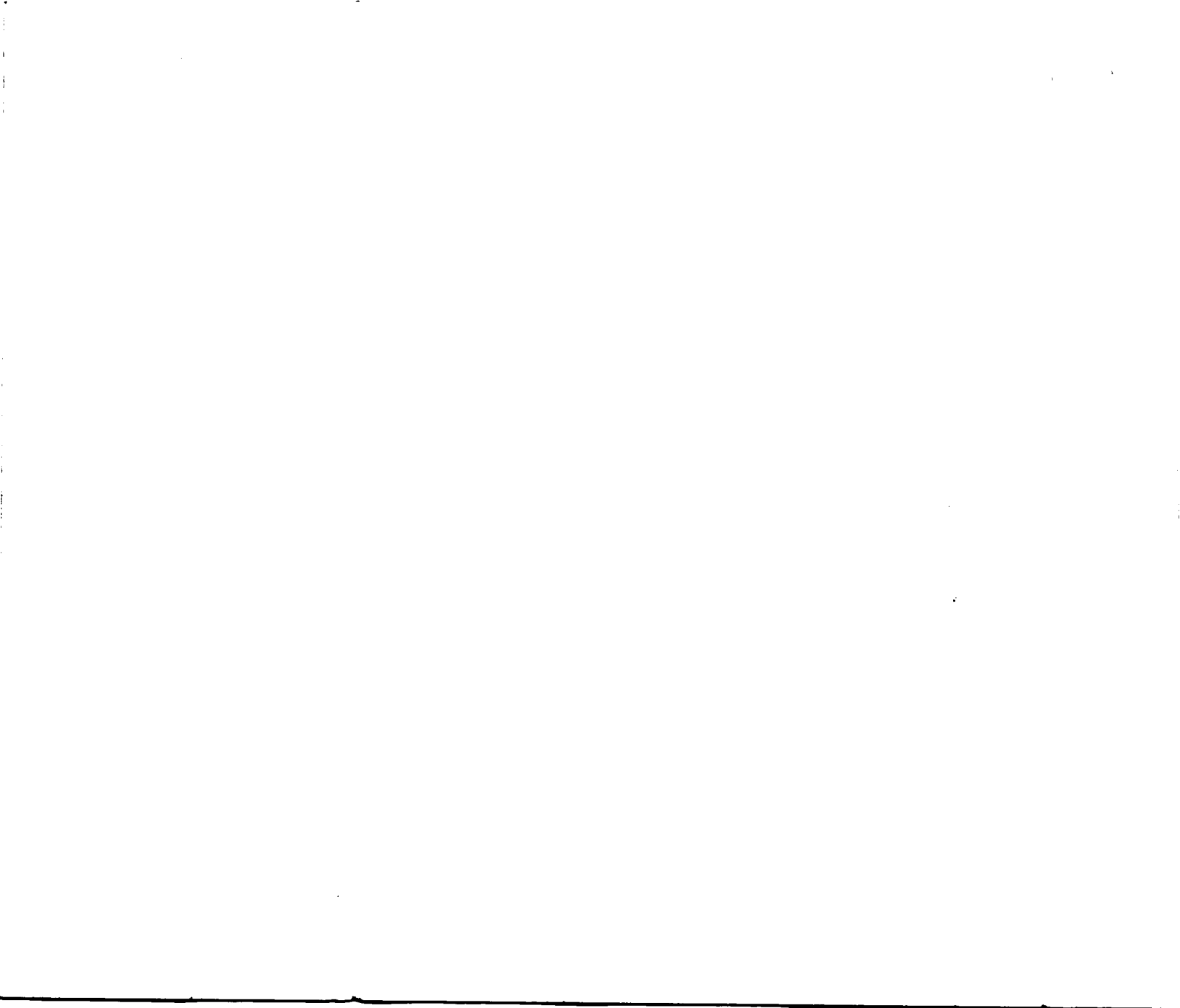
State of Idaho

State File No. 179

Local Reg. No. 39

Reg. Dist. No. 631

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <b>Tremont</b>   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>Idaho</b> b. COUNTY <b>Tremont</b>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Ashton, Idaho</b>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Ashton</b>   |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Ashton Memorial Hosp., Ashton</b>   |   | d. STREET ADDRESS (If rural, give location)   |  |
| 3. CHILD'S NAME<br>(Type or Print) <b>Stillborn Bressler</b>   |   |   |  |
| 4. SEX<br><b>F</b>   | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>Nov. 24, 1956</b>   |
| 7. FATHER'S NAME<br>a. (First) <b>Merlin</b> b. (Middle) <b>LaVern</b> c. (Last) <b>Bressler</b>   |   | 8. COLOR OR RACE<br><b>W</b>  |  |
| 9. AGE (At time of this birth)<br><b>25</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>Ashton, Idaho</b>   | 11a. USUAL OCCUPATION<br><b>Farmer</b>  | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>Own farm</b>                 |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>Deering</b> b. (Middle) <b>Darlene</b> c. (Last) <b>Barber</b>                                   |   | 13. COLOR OR RACE<br><b>W</b>   |  |
| 14. AGE (At time of this birth)<br><b>26</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>Ashton, Idaho</b>   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>1</b><br>b. How many children were born alive but are now dead? <b>0</b><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b> |  |
| 17. INFORMANT<br><b>Merlin Bressler (Father)</b>   |   |   |  |
| 18a. LENGTH OF PREGNANCY<br><b>36</b> WEEKS  | 18b. WEIGHT AT BIRTH<br><b>5</b> LBS. <b>10</b> OZS.  | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date <b>May 1956</b>   |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES   |  |
|  |   | 20b. MATERNAL CAUSES<br><b>Complete placenta praevia with hemorrhage</b>  |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR   |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><b>Caesarian Section</b>   |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>9:17 A.M.</b>                    |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><b>M.D.</b>   |  |
| 23b. DATE SIGNED<br><b>11/25th/56</b>  |   | 23c. ATTENDANT'S ADDRESS<br><b>Ashton, Idaho</b>  |  |
| 23d. SIGNATURE OF AUTHORIZED OFFICIAL  |   | TITLE   |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)  | 25b. DATE<br><b>11/25/56</b>  | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Pineview</b>   | 25d. LOCATION (City, town, or county) (State)<br><b>Ashton Idaho</b> |
| DATE REC'D BY LOCAL REG.<br><b>3 Dec 56</b>  | REGISTRAR'S SIGNATURE<br><b>M. S. Hansen</b>  | 26. FUNERAL DIRECTOR<br><b>L. M. N. N.</b>  | ADDRESS<br><b>Ashton Idaho</b>                                       |



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PHS-797(VS)

4-49

FEDERAL BUREAU OF  
PUBLIC HEALTH SERVICE

Division of Vital Statistics

(1949 Revision of Standard Certificate)

## CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 180

Local Reg. No. 34

Reg. Dist. No. 340-341

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <u>Gem</u>   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Gem</u>  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Emmett</u>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Emmett</u>  |   |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mary Secor Hospital</u>   |   | d. STREET ADDRESS (If rural, give location)<br><u>702 So. Hayes</u>   |   |
| 3. CHILD'S NAME<br>(Type or Print) <u>Baby Hinrichs</u>  |   |   |   |
| 4. SEX<br><u>male</u>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>Nov. 5, 1956</u>     |
| 7. FATHER'S NAME<br>a. (First) <u>Donald</u> b. (Middle) <u>W.</u> c. (Last) <u>Hinrichs</u>   |   | 8. COLOR OR RACE <u>white</u>   |   |
| 9. AGE (At time of this birth)<br><u>13</u> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><u>Zachow, Wisconsin</u>   | 11a. USUAL OCCUPATION<br><u>minister</u>  | 11b. KIND OF BUSINESS OR INDUSTRY<br><u>Lutheran Church</u>           |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Henrietta</u> b. (Middle) <u>K. infeldt</u> c. (Last) <u>white</u>   |   | 13. COLOR OR RACE <u>white</u>  |   |
| 14. AGE (At time of this birth)<br><u>36</u> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><u>Bend, Oregon</u>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>3</u><br>b. How many children were born alive but are now dead? <u>0</u><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u> |   |
| 17. INFORMANT<br><u>D. W. Hinrichs</u>   |   |   |   |
| 18a. LENGTH OF PREGNANCY<br>WEEKS  | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date   |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)<br><u>Prematurity &amp; placenta previa</u> |   | 20a. FETAL CAUSES<br><u>None Known</u>  |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><u>Placenta previa</u>   |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><u>None</u>  |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.  |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><u>M. M. Smith, M.D.</u>  |   |
| 23c. ATTENDANT'S ADDRESS<br><u>107 N. Comm, Emmett, Ida</u>  |   | 23b. DATE SIGNED<br><u>11-8-56</u>  |   |
| 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>John W. Beatty</u>  |   | TITLE<br><u>The Beatty Chapel, Emmett, Ida.</u>   |   |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u>   | 25b. DATE<br><u>11-7-1956</u>   | 25c. NAME OF CEMETERY OR CREMATORY<br><u>Riverside</u>  | 25d. LOCATION (City, town, or county) (State)<br><u>Emmett, Idaho</u> |
| DATE REC'D BY LOCAL REG.<br><u>Nov. 8, 1956</u>  |   | 26. FUNERAL DIRECTOR<br><u>John W. Beatty</u>   |   |





**RECEIVED**

(1949 Revision of Standard Certificate)

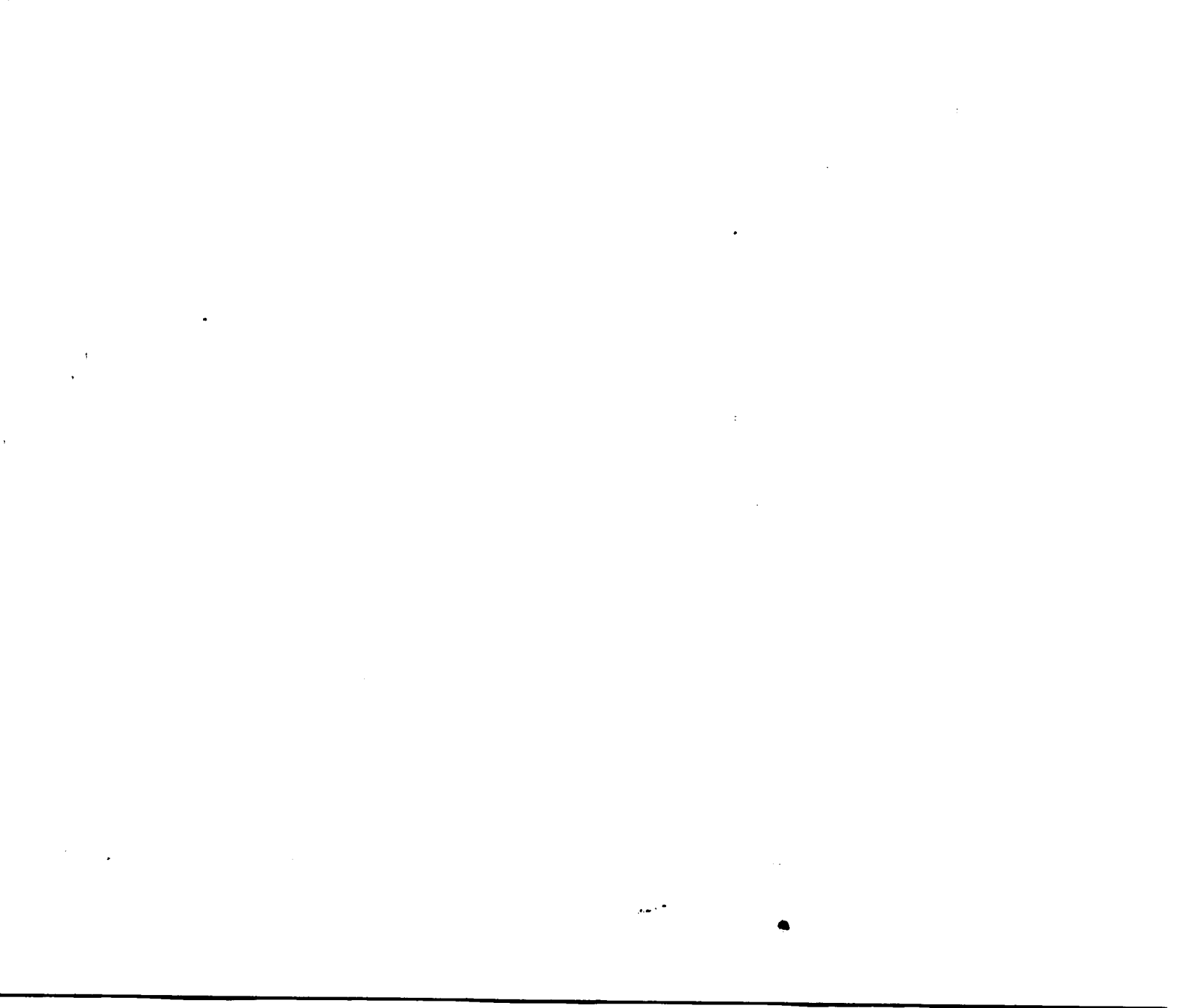
**CERTIFICATE OF STILLBIRTH**

State of Idaho

State File No. 181  
Local Reg. No. 6586  
Reg. Dist. No. 410

NOV 8 1956

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF BIRTH (If outside corporate limits, write RURAL and give township)<br>a. COUNTY <b>Gooding</b>   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>Idaho</b> b. COUNTY <b>Gooding</b>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Gooding</b>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Gooding</b>  |   |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR<br>INSTITUTION <b>Gooding Mem. Hospital</b>                  |   | d. STREET ADDRESS (If rural, give location)<br><b>525 Utah Street</b>  |   |
| 3. CHILD'S NAME<br>(Type or Print)<br><b>Baby Savage</b>   |   |  |   |
| 4. SEX<br><b>Male</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>   | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>Nov. 1 1956</b>        |
| 7. FATHER'S NAME<br>a. (First) <b>Kieth</b> b. (Middle) <b>Aron</b> c. (Last) <b>Savage</b>  |   | 8. COLOR OR RACE<br><b>White</b>   |   |
| 9. AGE (At time of this birth)<br><b>32</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>Declo, Idaho</b>  | 11a. USUAL OCCUPATION<br><b>Laborer</b>  | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>Truck driving</b>               |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>Norma</b> b. (Middle) <b>Ann</b> c. (Last) <b>Perry</b>  |   | 13. COLOR OR RACE<br><b>White</b>  |   |
| 14. AGE (At time of this birth)<br><b>27</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>Ely, Nevada</b>   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>3</b><br>b. How many children were born alive but are now dead? <b>1</b><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? |   |
| 17. INFORMANT<br><b>X Kieth Savage</b>   |   |  |   |
| 18a. LENGTH OF PREGNANCY<br>WEEKS  | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | 19. Was a standard serological test for syphilis performed? Yes..... No. <b>X</b> .....<br>Approximate date  |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)<br><b>Prematurity</b> |   | 20a. FETAL CAUSES<br><b>Prematurity</b>  |   |
|  |   | 20b. MATERNAL CAUSES<br><b>Placenta previa</b>   |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><b>Placenta previa</b>   |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><b>caesarian section</b>  |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>4:30 a.m.</b>  |   | 23a. ATTENDANT'S SIGNATURE<br><b>Bong S. Long, M.D.</b><br>(Specify M.D., midwife, or other)   | 23b. DATE SIGNED<br><b>11-2-56</b>                                      |
| 23c. ATTENDANT'S ADDRESS<br><b>Gooding, Idaho</b>  |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><b>Robert S. Meyer</b><br>(If not attended by physician)   | TITLE<br><b>THOMPSON CHAPEL</b><br><b>GOODING, IDAHO</b>                |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 25b. DATE<br><b>11-2-1956</b>   | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Elmwood Cemetery</b>  | 25d. LOCATION (City, town, or county) (State)<br><b>Gooding, Idaho.</b> |
| DATE REC'D BY LOCAL REG.<br><b>11-4-56</b>   | REGISTRAR'S SIGNATURE<br><b>J. H. [Signature]</b>   | 26. FUNERAL DIRECTOR<br><b>Robert S. Meyer</b><br>ADDRESS<br><b>THOMPSON CHAPEL</b><br><b>GOODING, IDAHO</b>   |   |



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(1949 Revision of Standard Certificate)

State File No. 182  
Local Reg. No. 32  
Reg. Dist. No. 242

**DEC 12 1956**

**CERTIFICATE OF STILLBIRTH**

State of Idaho

Division of Vital Statistics

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY<br><b>IDAHO</b>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE<br><b>IDAHO</b><br>b. COUNTY<br><b>IDAHO</b>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><b>COTTONWOOD</b>                                    |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><b>KEUTERVILLE</b>  |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Our Lady of Consolation</b>  |   | d. STREET ADDRESS<br>(If rural, give location)  |  |
| 3. CHILD'S NAME<br>(Type or Print)<br><b>RICHARD JOHN SCHNIDER</b>   |   |   |  |
| 4. SEX<br><b>Male</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>Nov 17, 1956</b>          |
| 7. FATHER'S NAME<br>a. (First)<br><b>Walter</b>  | b. (Middle)   | c. (Last)<br><b>Schnider</b>  | 8. COLOR OR RACE<br><b>white</b>   |
| 9. AGE (At time of this birth)<br><b>29</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>Chewelah Wash</b>   | 11a. USUAL OCCUPATION<br><b>Logger</b>  | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>Logging</b>                        |
| 12. MOTHER'S MAIDEN NAME<br>a. (First)<br><b>Loretta</b>   | b. (Middle)   | c. (Last)<br><b>Westoff</b>   | 13. COLOR OR RACE<br><b>white</b>  |
| 14. AGE (At time of this birth)<br><b>35</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>Greengrass, Idaho</b>   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>9</b><br>b. How many children were born alive but are now dead? <b>none</b><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>none</b> |  |
| 17. INFORMANT<br><b>Walter H. Schnider</b>   |   |   |  |
| 18a. LENGTH OF PREGNANCY<br><b>40</b> WEEKS  | 18b. WEIGHT AT BIRTH<br><b>8</b> LBS. <b>0</b> OZS.   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date   |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES   |  |
|  |   | 20b. MATERNAL CAUSES<br><b>Premature complete separation placenta</b>   |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><b>Abruptio placentae</b>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><b>Low forceps</b>   |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.                            |   | 23a. ATTENDANT'S SIGNATURE<br><b>L. E. Orr</b><br>(Specify M.D., midwife, or other)<br><b>M.D.</b>  | 23b. DATE SIGNED<br><b>Nov. 20, 1956</b>                                   |
| 23c. ATTENDANT'S ADDRESS<br><b>Cottonwood, Idaho</b>   |   | IF NOT attended by physician  | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><b>William H. H. H.</b><br>TITLE   |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 25b. DATE<br><b>Nov 20 56</b>   | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Catholic</b>   | 25d. LOCATION (City, town, or county) (State)<br><b>Keuterville, Idaho</b> |
| DATE REC'D BY LOCAL REG.<br><b>Dec 20, 1956</b>  | REGISTRAR'S SIGNATURE<br><b>W. J. Orr, M.D.</b>   | 26. FUNERAL DIRECTOR ADDRESS<br><b>Cottonwood, Idaho</b>  |  |



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(1949 Revision of Standard Certificate)  
CERTIFICATE OF STILLBIRTH  
State of Idaho

State File No. 183  
Local Reg. No. 14  
Reg. Dist. No. 640

Division of Vital Statistics

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <b>Jefferson</b>   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>Idaho</b> b. COUNTY <b>Jefferson</b>                         |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Rigby</b>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Rigby</b>                                    |   |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR<br>INSTITUTION <b>Rigby Maternity Hospital</b>                     |   | d. STREET ADDRESS (If rural, give location)<br><b>143 East 2nd N. Street</b>   |   |
| 3. CHILD'S NAME<br>(Type or Print)<br><b>BABY GEORGE</b>   |   |  |   |
| 4. SEX<br><b>Female</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>November 9, 1956</b> |
| 7. FATHER'S NAME<br>a. (First) <b>Joseph</b> b. (Middle) <b>Carl</b> c. (Last) <b>George</b>   |   | 8. COLOR OR RACE<br><b>White</b>   |   |
| 9. AGE (At time of this birth)<br><b>29</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>Rigby, Idaho.</b>   | 11a. USUAL OCCUPATION<br><b>Dentist</b>  | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>Dental</b>                    |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>Carol</b> b. (Middle) <b>Fae</b> c. (Last) <b>Cordner</b>  |   | 13. COLOR OR RACE<br><b>White</b>  |   |
| 14. AGE (At time of this birth)<br><b>27</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>District of Columbia</b>  |  |   |
| 17. INFORMANT<br><b>Joseph C. George</b>   |   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>3</b>           | b. How many children were born alive but are now dead? <b>0</b>       |
| 18a. LENGTH OF PREGNANCY<br>WEEKS  |   | 18b. WEIGHT AT BIRTH<br>LBS. OZS.  |   |
| 19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/><br>Approximate date <b>July 1956</b> |   |  |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)                             |   | 20a. FETAL CAUSES<br><b>Choked cord.</b>   |   |
|  |   | 20b. MATERNAL CAUSES<br><b>none</b>  |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><b>none</b>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><b>none</b>   |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.  |   | 23a. ATTENDANT'S SIGNATURE<br>(Specify if M.D., midwife, or other)<br><b>Edson J. M.D.</b>   |   |
|  |   | 23b. DATE SIGNED<br><b>11/14/56</b>  |   |
| 23c. ATTENDANT'S ADDRESS   |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br>TITLE  |   |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |   | 25b. DATE<br><b>Nov. 9, 1956</b>   |   |
| 25c. NAME OF CEMETERY OR CREMATORY<br><b>Rigby Pioneer</b>   |   | 25d. LOCATION (City, town, or county) (State)<br><b>Rigby Jefferson Idaho</b>  |   |
| DATE REC'D BY LOCAL REG.<br><b>11/14/56</b>  |   | 26. FUNERAL DIRECTOR<br>ADDRESS<br><b>Bruce A. Eckersell Rigby, Idaho.</b>   |   |



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(1949 Revision of Standard Certificate)

NOV 19 1956

## CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No. ....

184

Local Reg. No. 443

Reg. Dist. No. 440

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <b>Jerome</b>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>Idaho</b> b. COUNTY <b>Twin Falls</b>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Jerome</b>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Buhl</b>  |  |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <b>St. Benedict's Hospital</b> |   | d. STREET ADDRESS (If rural, give location)<br><b>Route # 4; 5 miles east of Buhl</b>   |  |
| 3. CHILD'S NAME<br>(Type or Print) <b>Edward Roy Clark</b>   |   |   |  |
| 4. SEX<br><b>Male</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>November 12, 1956</b> |
| 7. FATHER'S NAME<br>a. (First) <b>Don</b> b. (Middle) <b>Glen</b> c. (Last) <b>Clark</b>   |   | 8. COLOR OR RACE<br><b>white</b>  |  |
| 9. AGE (At time of this birth)<br><b>31</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>Clarkston, Utah</b>   | 11a. USUAL OCCUPATION<br><b>Farmer</b>  | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>Farming</b>                    |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>Barbara Patricia</b> b. (Middle) <b>Dennis</b> c. (Last) <b>white</b>                                |   | 13. COLOR OR RACE<br><b>white</b>   |  |
| 14. AGE (At time of this birth)<br><b>28</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>Tarkio, Missouri</b>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>5</b><br>b. How many children were born alive but are now dead? <b>0</b><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b> |  |
| 17. INFORMANT<br><b>Don Glen Clark Buhl, Idaho</b>   |   |   |  |
| 18a. LENGTH OF PREGNANCY<br>WEEKS  | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | 19. Was a standard serological test for syphilis performed? Yes..... No.....<br><b>Approximate date</b>   |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)     |   | 20a. FETAL CAUSES<br><b>prematurity</b>   |  |
|  |   | 20b. MATERNAL CAUSES<br><b>unknown</b>  |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><b>none</b>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><b>none</b>  |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>11:00 A. m.</b>                      |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><b>Maureen E. Schell M.D.</b>   |  |
| 23b. DATE SIGNED<br><b>11-13-56</b>  |   | 23c. ATTENDANT'S ADDRESS<br><b>Buhl, Ida</b>  |  |
| 23d. SIGNATURE OF AUTHORIZED OFFICIAL<br><b>Sister M. Ramsey</b>   |   | 23e. TITLE<br><b>Physician</b>  |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>   | 25b. DATE<br><b>11/13/1956</b>  | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Buhl City Cemetery</b>   | 25d. LOCATION (City, town, or county) (State)<br><b>Buhl Idaho</b>     |
| DATE REC'D BY LOCAL REG.<br><b>Nov. 16, 1956</b>   |   | 26. FUNERAL DIRECTOR<br><b>John S. Christensen</b>  |  |
| REGISTRAR'S SIGNATURE<br><b>Sister M. Ramsey</b>   |   | ADDRESS<br><b>Buhl, Idaho</b>   |  |





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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 185  
Local Reg. No. 450  
Reg. Dist. No. 440

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <b>JEROME</b>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>IDAHO</b> b. COUNTY <b>JEROME</b>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>JEROME</b>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>JEROME</b>   |  |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR<br>INSTITUTION <b>ST. BENEDICT'S</b>   |   | d. STREET ADDRESS (If rural, give location)<br><b>NO. LINCOLN</b>  |  |
| 3. CHILD'S NAME<br>(Type or Print) <b>DONNA RUTH ROSS</b>  |   |  |  |
| 4. SEX<br><b>female</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>   | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>11 24 56</b>        |
| 7. FATHER'S NAME<br>a. (First) <b>Lloyd</b> b. (Middle) <b>David</b> c. (Last) <b>Ross</b>   |   | 8. COLOR OR RACE<br><b>Cauc</b>  |  |
| 9. AGE (At time of this birth)<br><b>29</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>Kansas</b>  | 11a. USUAL OCCUPATION<br><b>Truck Driver</b>   | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>Transfer</b>                 |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>Zelma</b> b. (Middle) <b>Ruth</b> c. (Last) <b>Mcquire</b>                                       |   | 13. COLOR OR RACE<br><b>Cauc.</b>  |  |
| 14. AGE (At time of this birth)<br><b>21</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>Okl.</b>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>one</b><br>b. How many children were born alive but are now dead? <b>none</b><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>two</b> |  |
| 17. INFORMANT<br><b>Father</b>   |   |  |  |
| 18a. LENGTH OF PREGNANCY<br><b>17</b> WEEKS  | 18b. WEIGHT AT BIRTH<br><b>4</b> LBS. <b>1</b> OZS.   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date  |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) | 20a. FETAL CAUSES<br><i>Erythroblastosis foetalis</i>   |  |  |
|  | 20b. MATERNAL CAUSES<br><i>Rh. negative.</i>  |  |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR   |   | 22. STATE ALL OPERATIONS FOR DELIVERY  |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.                            |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><i>H. H. Heikes, M.D.</i>  |  |
| 23b. DATE SIGNED<br><b>11-28-56</b>  |   |  |  |
| 23c. ATTENDANT'S ADDRESS   |   | IF NOT attended by physician   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><b>Harry V. Grippin</b>      |
| 23d. TITLE   |   |  |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>   | 25b. DATE<br><b>11/26/56</b>  | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Jerome Cemetery</b>   | 25d. LOCATION (City, town, or county) (State)<br><b>Jerome Idaho</b> |
| DATE REC'D BY LOCAL REG.<br><b>Dec. 6, 1956</b>  | REGISTRAR'S SIGNATURE<br><i>Sister M. Rose, O.S.B.</i>  | 26. FUNERAL DIRECTOR ADDRESS<br><i>Harry V. Grippin 42 214 E. MAIN JEROME, IDAHO</i>   |  |



## CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. ....

Local Reg. No. ....

Reg. Dist. No. ....

186

125

200

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <u>Latah</u><br>b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Moscow</u><br>c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR<br>INSTITUTION <u>Critman Hospital</u> |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Latah</u><br>c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Moscow</u><br>d. STREET ADDRESS (If rural, give location)<br><u>2A No. Main Village</u> |  |
| 3. CHILD'S NAME<br>(Type or Print) <u>Baby Girl Hinckley</u>   |   |   |  |
| 4. SEX<br><u>Female</u>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>Nov 16 1956</u>     |
| 7. FATHER'S NAME<br>a. (First) <u>Darrell</u> b. (Middle) <u>Hinckley</u> c. (Last) <u>White</u>   |   | 8. COLOR OR RACE<br><u>White</u>  |  |
| 9. AGE (At time of this birth)<br><u>25</u> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><u>Medford, Oregon</u>   | 11a. USUAL OCCUPATION<br><u>Student</u>   | 11b. KIND OF BUSINESS OR INDUSTRY                                    |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Joy</u> b. (Middle) <u>Hinckley</u> c. (Last) <u>White</u>   |   | 13. COLOR OR RACE<br><u>White</u>   |  |
| 14. AGE (At time of this birth)<br><u>25</u> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><u>Idaho Falls, Idaho</u>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>2</u><br>b. How many children were born alive but are now dead? <u>0</u><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u> |  |
| 17. INFORMANT<br><u>Darrell Hinckley</u>   |   |   |  |
| 18a. LENGTH OF PREGNANCY<br><u>40</u> WEEKS  | 18b. WEIGHT AT BIRTH<br><u>4</u> LBS. <u>5</u> OZS.   | 19. Was a standard serological test for syphilis performed? Yes..... No.....<br>Approximate date  |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)   |   | 20a. FETAL CAUSES<br><u>none noted</u><br>20b. MATERNAL CAUSES<br><u>Cord entanglement</u>  |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><u>none</u>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><u>none</u>  |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>12:50 p.</u> m.  |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><u>Hele Stephens M.D.</u><br>23b. DATE SIGNED<br><u>11-20-56</u>  |  |
| 23c. ATTENDANT'S ADDRESS<br><u>Moscow</u>  |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>David R. ...</u> TITLE   |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 25b. DATE<br><u>11-17-1956</u>  | 25c. NAME OF CEMETERY OR CREMATORY<br><u>Moscow Cemetery</u>  | 25d. LOCATION (City, town, or county) (State)<br><u>Moscow Idaho</u> |
| DATE REC'D BY LOCAL REG.<br><u>11/29/56</u>  | REGISTRAR'S SIGNATURE<br><u>Lain E. Angel</u>   | 26. FUNERAL DIRECTOR<br><u>David R. ...</u> ADDRESS<br><u>Moscow, Idaho</u>   |  |



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## CERTIFICATE OF STILLBIRTH

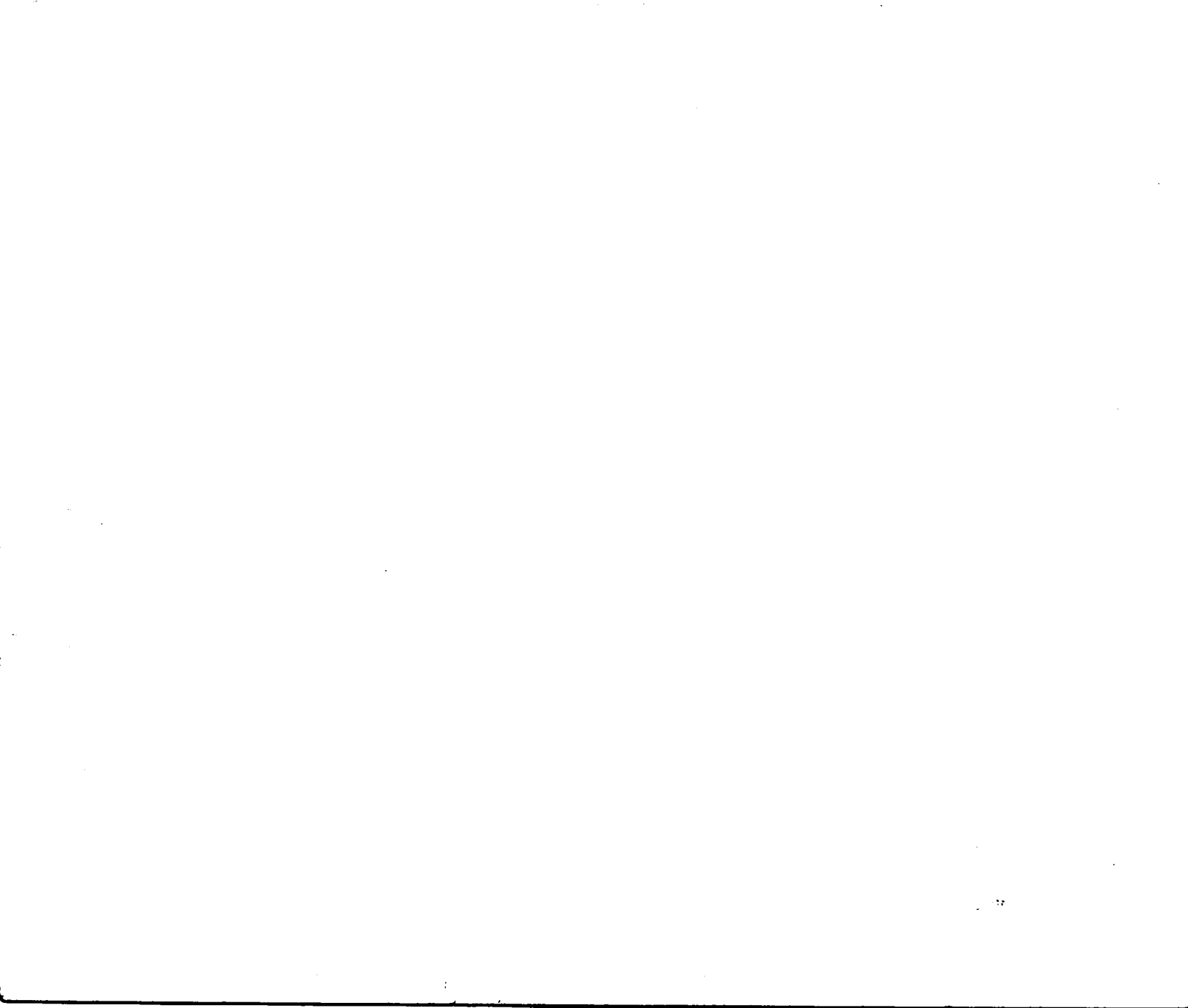
949 Revision of Standard Certificate)

DEC 4 1956

State of Idaho

State File No. 187  
Local Reg. No. 265  
Reg. Dist. No. 460

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <u>Twin Falls</u>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Twin Falls</u>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Twin Falls, Ida</u>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Elmer, Ida</u>   |  |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <u>Magic Valley Mem. Hosp.</u> |   | d. STREET ADDRESS (If rural, give location)   |  |
| 3. CHILD'S NAME<br>(Type or Print) <u>Boy Tangish</u>  |   |   |  |
| 4. SEX<br><u>Male</u>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>11</u> <u>1</u> <u>56</u> |
| 7. FATHER'S NAME<br>a. (First) b. (Middle) c. (Last)   |   |   | 8. COLOR OR RACE   |
| 9. AGE (At time of this birth)<br>YEARS  | 10. BIRTHPLACE (State or foreign country)   | 11a. USUAL OCCUPATION   | 11b. KIND OF BUSINESS OR INDUSTRY  |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Janice</u> b. (Middle) <u>Kay</u> c. (Last) <u>Tangish</u>   |   |   | 13. COLOR OR RACE<br><u>white</u>  |
| 14. AGE (At time of this birth)<br><u>20</u> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><u>Loveland, Colorado</u>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u> |  |
| 17. INFORMANT<br><u>Patient's Chart</u>  |   |   |  |
| 18a. LENGTH OF PREGNANCY<br><u>20-24</u> WEEKS   | 18b. WEIGHT AT BIRTH<br><u>2</u> LBS. <u>6</u> OZS.   | 19. Was a standard serological test for syphilis performed? Yes..... No.....<br><u>Approximate date</u>   |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)     | 20a. FETAL CAUSES<br><u>Immature Delivery</u>   |   |  |
|  | 20b. MATERNAL CAUSES  |   |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><u>Sepsis, Suppurative</u>   |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><u>None</u>  |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>11:10 P.m.</u>                       | 23a. ATTENDANT'S SIGNATURE<br><u>A. Angler</u>  |   | 23b. DATE SIGNED<br><u>11/2/56</u>   |
|  | 23c. ATTENDANT'S ADDRESS<br><u>Twin Falls, Idaho</u>  |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>J. W. Woodson</u>               |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Cremation</u>  | 25b. DATE<br><u>Nov 3, 1956</u>   | 25c. NAME OF CEMETERY OR CREMATORY<br><u>Magic Valley Memorial Hosp.</u>  | 25d. LOCATION (City, town, or county) (State)<br><u>Twin Falls, Idaho</u>  |
| DATE REC'D BY LOCAL REG.<br><u>NOV 16 1956</u>   | REGISTRAR'S SIGNATURE<br><u>Lorona J. Norman</u>  | FUNERAL DIRECTOR<br><u>J. W. Woodson</u> ADDRESS<br><u>Twin Falls, Idaho</u>  |  |



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(1949 Revision of Standard Certificate)

DEC 31 1956

## CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. ....

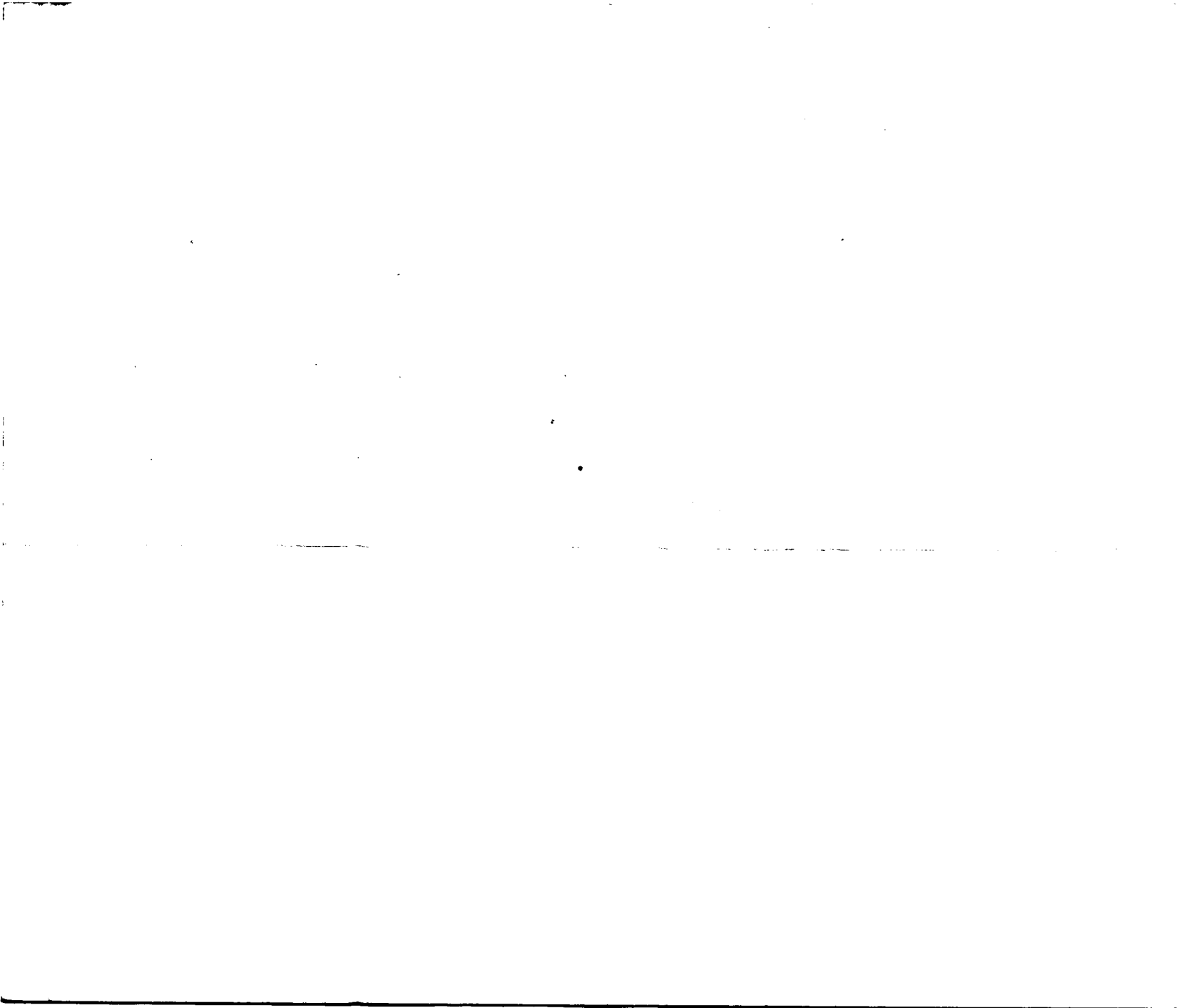
Local Reg. No. ....

Reg. Dist. No. ....

188

## Division of Vital Statistics

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY<br><b>Ada</b>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE<br><b>Idaho</b><br>b. COUNTY<br><b>Cassia</b>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><b>Boise</b>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><b>Burley</b>  |   |
| c. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>St. Alphonsus Hospital</b>   |   | d. STREET ADDRESS (If rural, give location)<br><b>1819 Conant Ave.</b>   |   |
| 3. CHILD'S NAME<br>(Type or Print)<br><b>Anton Jay Glodowski</b>   |   |  |   |
| 4. SEX<br><b>Male</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>   | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>Dec. 15, 1956</b>    |
| 7. FATHER'S NAME<br>a. (First)<br><b>Bernard</b>   |   | b. (Middle)<br><b>F.</b>   | c. (Last)<br><b>Glodowski</b>   |
| 9. AGE (At time of this birth)<br><b>43</b> YEARS  |   | 10. BIRTHPLACE (State or foreign country)<br><b>Platte Center, Neb.</b>  | 11a. USUAL OCCUPATION<br><b>Insurance Agent</b>                       |
|  |   | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>Insurance</b>  |   |
| 12. MOTHER'S MAIDEN NAME<br>a. (First)<br><b>Orda</b>  |   | b. (Middle)<br><b>M.</b>   | c. (Last)<br><b>Hoskins</b>   |
| 14. AGE (At time of this birth)<br><b>36</b> YEARS   |   | 15. BIRTHPLACE (State or foreign country)<br><b>Jerome, Idaho</b>  |   |
| 17. INFORMANT<br><i>St. Glodowski</i>  |   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>One</b><br>b. How many children were born alive but are now dead? <b>One</b><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>None</b> |   |
| 18a. LENGTH OF PREGNANCY<br><b>30</b> WEEKS  | 18b. WEIGHT AT BIRTH<br><b>2</b> LBS. <b>9</b> OZS.   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date  |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSE<br><i>abruptio Placenta</i>   |   |
|  |   | 20b. MATERNAL CAUSE<br><i>Preeclampsia - Hypertension</i>  |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR   |   | 22. STATE ALL OPERATIONS FOR DELIVERY  |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>9:30 P. m.</b>                   |   | 23a. ATTENDANT'S SIGNATURE<br><i>May D. Lubmussen MD</i><br>(Specify if M. D., midwife, or other)<br>23b. DATE SIGNED<br><b>12-22-56</b>   |   |
| 23c. ATTENDANT'S ADDRESS<br><i>Boise, Idaho</i>  |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br>TITLE  |   |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  | 25b. DATE<br><b>12/16/56</b>  | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Pleasant View</b>   | 25d. LOCATION (City, town, or county) (State)<br><b>Burley, Idaho</b> |
| DATE REC'D BY LOCAL REG.<br><b>12-27-56</b>  |   | 26. FUNERAL DIRECTOR<br><i>Myrtle Palmer</i><br>ADDRESS<br><i>South Payne - Burley</i>   |   |





**RECEIVED**

(1949 Revision of Standard Certificate)

JAN 3 1957

## CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 189

Local Reg. No. 425

Reg. Dist. No. 370

## Division of Vital Statistics

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <u>Ada</u>   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>                               |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Boise</u>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Boise</u>                                       |  |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>  |   | d. STREET ADDRESS (If rural, give location)<br><u>106 E. 32nd</u>  |  |
| 3. CHILD'S NAME<br>(Type or Print) <u>M<sup>c</sup>Clair</u>   |   |  |  |
| 4. SEX<br><u>Female</u>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>12 - 18 - 1956</u>    |
| 7. FATHER'S NAME<br>a. (First) <u>James</u>  |   | b. (Middle) <u>—</u>   | c. (Last) <u>MS Lead</u>   |
| 9. AGE (At time of this birth)<br><u>39</u> YEARS  |   | 10. BIRTHPLACE (State or foreign country)<br><u>Idaho</u>  | 11a. USUAL OCCUPATION<br><u>Postal Clerk</u>                           |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Mary</u>   |   | b. (Middle) <u>Columbine</u>   | c. (Last) <u>Hein</u>  |
| 14. AGE (At time of this birth)<br><u>32</u> YEARS   |   | 15. BIRTHPLACE (State or foreign country)<br><u>Colorado</u>   | 13. COLOR OR RACE<br><u>White</u>                                      |
| 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>Four</u>                |   | b. How many children were born alive but are now dead? <u>0</u>  |  |
| 17. INFORMANT<br><u>Mother</u>   |   | c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>   |  |
| 18a. LENGTH OF PREGNANCY<br><u>22</u> WEEKS  | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | 19. Was a standard serological test for syphilis performed? Yes, ..... No, <u>1</u> .....<br>Approximate date                      |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><u>Stillborn prematurity</u>  |  |
|  |   | 20b. MATERNAL CAUSES   |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR   |   | 22. STATE ALL OPERATIONS FOR DELIVERY  |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>m.</u>                           |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><u>Stewart J. Merrill</u>                                      |  |
| 23b. DATE SIGNED<br><u>12/18/56</u>  |   | 23c. ATTENDANT'S ADDRESS<br><u>Boise Ida</u>   |  |
| 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>Blaw B Ross</u>   |   | TITLE<br><u>Administrator</u>  |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Cremation</u>  | 25b. DATE<br><u>12/18/56</u>  | 25c. NAME OF CEMETERY OR CREMATORY<br><u>St. Lukes Hospital</u>  | 25d. LOCATION (City, town, or county) (State)<br><u>Boise Idaho</u>    |
| DATE REC'D BY LOCAL REG.<br><u>1-2-57</u>  | REGISTRAR'S SIGNATURE<br><u>Myrtle Palmer</u>   |  | 26. FUNERAL DIRECTOR<br><u>A. Dale Summers</u><br>SUMMERS FUNERAL HOME |
|  |   | ADDRESS<br><u>Boise, Idaho</u>   |  |

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FEB 22 2017

RECEIVED (1949 Revision of Standard Certificate)

JEC 20 1956 CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 190

Local Reg. No. 552

Reg. Dist. No. 552

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <i>Bear Lake</i>   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <i>Wyoming</i> b. COUNTY <i>Lincoln</i>  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><i>Montpelier Idaho</i>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br><i>Cokeville Wyoming</i>  |   |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <i>Bear Lake Memorial Hospital</i> |   | d. STREET ADDRESS (If rural, give location)   |   |
| 3. CHILD'S NAME<br>(Type or Print) <i>Shirley Lynn Larson</i>  |   |   |   |
| 4. SEX<br><i>Female</i>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><i>Dec 13 1956</i>          |
| 7. FATHER'S NAME<br>a. (First) <i>Shirley</i> b. (Middle) <i>Alfred</i> c. (Last) <i>Larson</i>  |   | 8. COLOR OR RACE<br><i>White</i>  |   |
| 9. AGE (At time of this birth)<br><i>36 YEARS</i>  | 10. BIRTHPLACE (State or foreign country)<br><i>Cokeville Wyoming</i>   | 11a. USUAL OCCUPATION<br><i>Farming</i>   | 11b. KIND OF BUSINESS OR INDUSTRY   |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <i>Sadie</i> b. (Middle) <i>Mae</i> c. (Last) <i>Patterson</i>  |   | 13. COLOR OR RACE<br><i>White</i>   |   |
| 14. AGE (At time of this birth)<br><i>44 YEARS</i>   | 15. BIRTHPLACE (State or foreign country)<br><i>Shapton Neb.</i>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <i>2</i><br>b. How many children were born alive but are now dead? <i>2</i><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>0</i> |   |
| 17. INFORMANT<br><i>Shirley Alfred Larson</i>  |   |   |   |
| 18a. LENGTH OF PREGNANCY<br><i>40 WEEKS</i>  | 18b. WEIGHT AT BIRTH<br><i>8 LBS. 8 OZS.</i>  | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date <i>6-8-56</i>   |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)         | 20a. FETAL CAUSES<br><i>no respiratory response</i>   |   |   |
|  | 20b. MATERNAL CAUSES<br><i>?</i>  |   |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><i>None</i>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><i>normal</i>  |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <i>3:15 P. m.</i>                           | 23a. ATTENDANT'S SIGNATURE<br><i>A B Lurkey</i>   |   | 23b. DATE SIGNED<br><i>12-14-56</i>                                       |
|  | 23c. ATTENDANT'S ADDRESS<br><i>Montpelier Idaho</i>   |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><i>W D</i>                        |
| 25a. BURIAL CREMATION REMOVAL (Specify)<br><i>Buried</i>   | 25b. DATE<br><i>Dec 15 1956</i>   | 25c. NAME OF CEMETERY OR CREMATORY<br><i>Cokeville Wyoming</i>  | 25d. LOCATION (City, town, or county) (State)<br><i>Cokeville Wyoming</i> |
| DATE REC'D BY LOCAL REG.<br><i>12/15/56</i>  | REGISTERAR'S SIGNATURE<br><i>H. H. H. H.</i>  | 26. FUNERAL DIRECTOR<br><i>W. H. Matthews Montpelier Idaho</i>  |   |



**RECEIVED**

(1959 Revision of Standard Certificate)

JAN 10 1957

**CERTIFICATE OF STILLBIRTH**

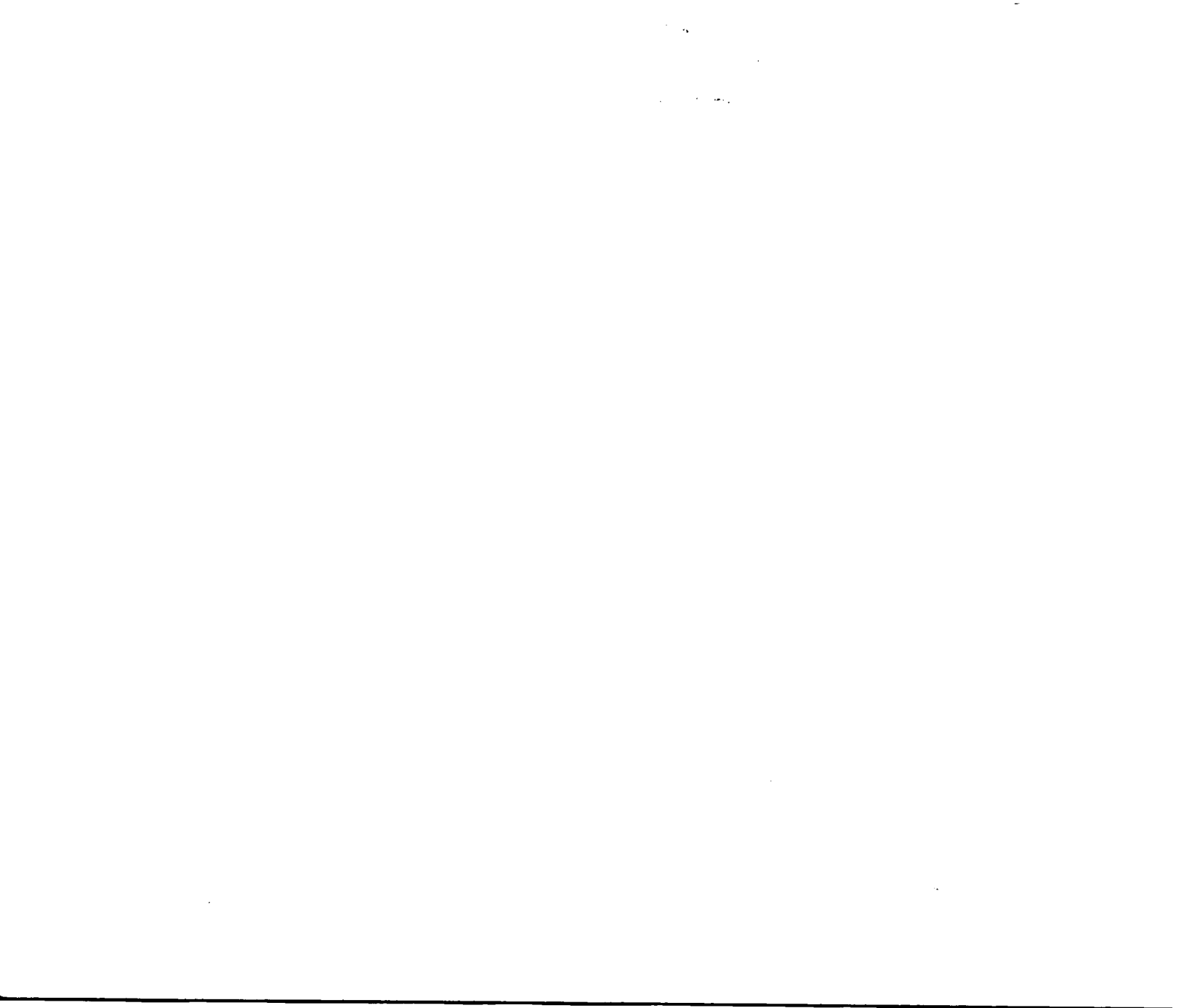
State of Idaho

State File No. 191

Local Reg. No. 1

Reg. Dist. No. 4.22

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <u>Boone Blaine</u>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Nebraska</u> b. COUNTY <u>Lincoln</u>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>near Wapi - Idaho</u>                                   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Emerson</u>   |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>U.P. Home # 105 - Car 1055</u>  |   | d. STREET ADDRESS (If rural, give location)  |  |
| 3. CHILD'S NAME<br>(Type or Print) <u>Infant</u>   |   |  |  |
| 4. SEX<br><u>M</u>   | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>   | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>Dec. 25 - 56</u>        |
| 7. FATHER'S NAME<br>a. (First) <u>unknown</u> b. (Middle) c. (Last)  |   | 8. COLOR OR RACE<br><u>white</u>   |  |
| 9. AGE (At time of this birth)<br>YEARS  | 10. BIRTHPLACE (State or foreign country)   | 11a. USUAL OCCUPATION  | 11b. KIND OF BUSINESS OR INDUSTRY  |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Rixie</u> b. (Middle) <u>- Rae -</u> c. (Last) <u>Bottger</u>                                    |   | 13. COLOR OR RACE<br><u>white</u>  |  |
| 14. AGE (At time of this birth)<br><u>20</u> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><u>Emerson Neb.</u>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>none</u><br>b. How many children were born alive but are now dead? <u>none</u><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u> |  |
| 17. INFORMANT<br><u>Doris Rae Bottger</u>  |   |  |  |
| 18a. LENGTH OF PREGNANCY<br><u>36</u> WEEKS  | 18b. WEIGHT AT BIRTH<br><u>2</u> LBS. <u>1</u> OZS.   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date <u>12-26-56</u>  |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><u>Died in utero approx 12-22-56, cause undetermined.</u>   |  |
|  |   | 20b. MATERNAL CAUSES   |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR   |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><u>Spontaneous delivery</u>   |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>6:30 p.m.</u>                    |   | 23a. ATTENDANT'S SIGNATURE<br><u>D. McKee, M.D., Corona, Lincoln County</u>  | 23b. DATE SIGNED<br><u>12-26-56</u>                                      |
| 23c. ATTENDANT'S ADDRESS<br><u>Shoshone Idaho</u>  |   | IF NOT attended by physician   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>No attendance at birth</u>    |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 25b. DATE<br><u>Dec. 26-56</u>  | 25c. NAME OF CEMETERY OR CREMATORY<br><u>Shoshone</u>  | 25d. LOCATION (City, town, or county) (State)<br><u>Shoshone - Idaho</u> |
| DATE REC'D BY LOCAL REG.<br><u>Dec. 26-56</u>  | REGISTRAR'S SIGNATURE<br><u>Myrtle C. Burdett</u>   | 26. FUNERAL DIRECTOR<br><u>Myrtle C. Burdett</u>   | ADDRESS<br><u>Shoshone</u>   |



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JAN 7 '957

(1949 Revision of Standard Certificate)

**CERTIFICATE OF STILLBIRTH**

Division of Vital Statistics

State of Idaho

State File No. **192**  
Local Reg. No. ....  
Reg. Dist. No. ....

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <b>Butte</b>   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>Idaho</b> b. COUNTY <b>Butte</b>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Moore</b>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Moore</b>   |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <b>own home</b>  |   | d. STREET ADDRESS (If rural, give location)   |  |
| 3. CHILD'S NAME<br>(Type or Print) <b>Infant Larson</b>  |   |   |  |
| 4. SEX <b>female</b>   | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>   | 6. DATE OF STILLBIRTH (Month) (Day) (Year) <b>December 15-1956</b> |
| 7. FATHER'S NAME<br>a. (First) <b>Sterling</b> b. (Middle) <b>John</b> c. (Last) <b>Larson</b>   |   | 8. COLOR OR RACE <b>W</b>   |  |
| 9. AGE (At time of this birth) <b>38</b> YEARS   | 10. BIRTHPLACE (State or foreign country) <b>Jerome, Idaho</b>  | 11a. USUAL OCCUPATION <b>farmer</b>   | 11b. KIND OF BUSINESS OR INDUSTRY <b>farming</b>                   |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>Corolla</b> b. (Middle) <b>Ann</b> c. (Last) <b>Rebore</b>                                       |   | 13. COLOR OR RACE <b>W</b>  |  |
| 14. AGE (At time of this birth) <b>28</b> YEARS  | 15. BIRTHPLACE (State or foreign country) <b>Kid Rock, Okla</b>   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>3</b><br>b. How many children were born alive but are now dead? <b>0</b><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b> |  |
| 17. INFORMANT <b>Corolla Larson - mother</b>   |   |   |  |
| 18a. LENGTH OF PREGNANCY <b>40</b> WEEKS   | 18b. WEIGHT AT BIRTH <b>6</b> LBS. <b>6</b> OZS.  | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date <b>10/18/56</b>   |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES <b>none</b>   |  |
|  |   | 20b. MATERNAL CAUSES <b>premature separation of placenta</b>  |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <b>pu - eclampsia</b>   |   | 22. STATE ALL OPERATIONS FOR DELIVERY <b>none</b>   |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.                            | 23a. ATTENDANT'S SIGNATURE <b>J. H. Hennes</b> (Specify if M. D., midwife, or other)  |   | 23b. DATE SIGNED <b>12/16/56</b>                                   |
|  | 23c. ATTENDANT'S ADDRESS <b>Arco Idaho</b>  | 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE  |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>  | 25b. DATE <b>Dec 17-56</b>  | 25c. NAME OF CEMETERY OR CREMATORY <b>Moore</b>   | 25d. LOCATION (City, town, or county) (State) <b>Moore, Idaho</b>  |
| DATE REC'D BY LOCAL REG. <b>Jan 3-57</b>   | REGISTRAR'S SIGNATURE <b>Betty J. Marvel</b> #670   | 26. FUNERAL DIRECTOR ADDRESS <b>Betty J. Marvel Arco, Ida</b><br><b>F. D. #19</b>   |  |



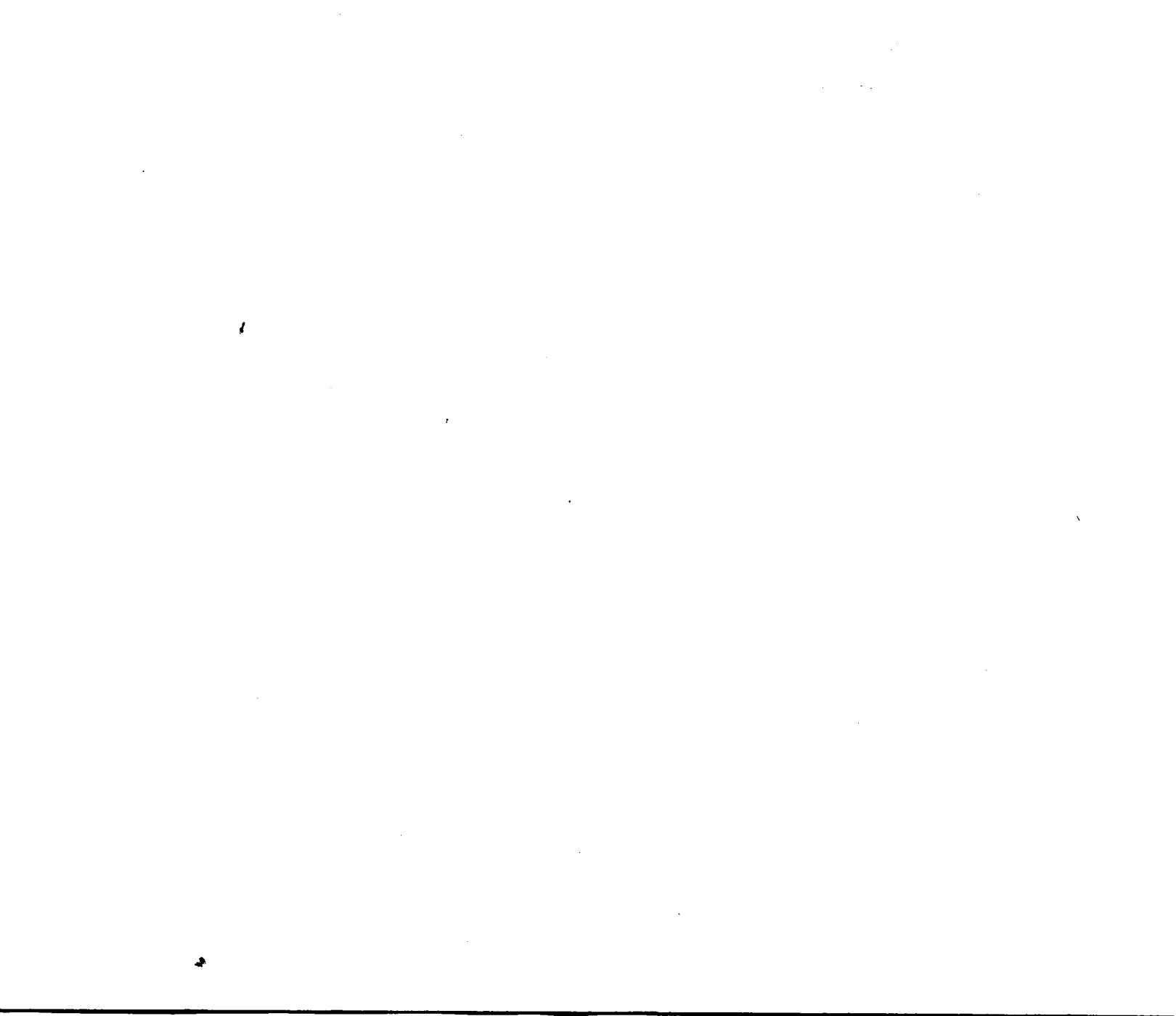


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4-48  
FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE  
**RECEIVED**  
DEC 10 1956

(1949 Revision of Standard Certificate)  
**CERTIFICATE OF STILLBIRTH**  
State of Idaho

State File No. 193  
Local Reg. No. 96  
Reg. Dist. No. 368

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF BIRTH (If not in hospital or institution, give street address or location)<br>a. COUNTY <b>CANYON</b><br>b. CITY OR TOWN <b>CALDWELL</b><br>c. FULL NAME OF HOSPITAL OR INSTITUTION <b>CALDWELL MEMORIAL</b> |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>IDAHO</b> b. COUNTY <b>CANYON</b><br>c. CITY OR TOWN <b>WILDER</b><br>d. STREET ADDRESS (If rural, give location) <b>P.O. Box 443</b>   |   |
| 3. CHILD'S NAME<br>(Type or Print) <b>MICHAEL ANDREW PAGE</b>  |   |   |   |
| 4. SEX<br><b>MALE</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>DEC. 3 1956</b>      |
| 7. FATHER'S NAME<br>a. (First) <b>ALEX</b> b. (Middle) <b>JOHN</b> c. (Last) <b>PAGE</b>   |   | 8. COLOR OR RACE<br><b>WHITE</b>  |   |
| 9. AGE (At time of this birth)<br><b>55</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>JOPLIN, Mo.</b>   | 11a. USUAL OCCUPATION<br><b>LABORER</b>   | 11b. KIND OF BUSINESS OR INDUSTRY                                     |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>IRENE</b> b. (Middle) <b>BUZZARD</b> c. (Last)   |   | 13. COLOR OR RACE<br><b>1/2 WHITE 1/2 INDIAN</b>  |   |
| 14. AGE (At time of this birth)<br><b>33</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>AFTON, OKLA</b>   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>6</b><br>b. How many children were born alive but are now dead? <b>0</b><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b> |   |
| 17. INFORMANT<br><b>Irene Page, mother</b>   |   |   |   |
| 18a. LENGTH OF PREGNANCY<br>WEEKS  | 18b. WEIGHT AT BIRTH<br><b>8</b> LBS. <b>2-20ZS.</b>  | 19. Was a standard serological test for syphilis performed? Yes..... No.....<br>Approximate date  |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)   |   | 20a. FETAL CAUSES<br><b>Fibrotic Placenta</b><br>20b. MATERNAL CAUSES<br><b>obesity and Hypertension</b>  |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><b>Persistent Occiput Posterior</b>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><b>None</b>  |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>4:40 P.m.</b>  |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><b>Oakes H. Hoover M.D.</b><br>23b. DATE SIGNED<br><b>12/5/56</b>   |   |
| 23c. ATTENDANT'S ADDRESS<br><b>Caldwell, Idaho</b>   |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><b>Wilder, Idaho</b><br>TITLE   |   |
| 25a. BURIAL CREMATION, REMOVAL (Specify)   | 25b. DATE<br><b>12-4-56</b>   | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Wilder</b>   | 25d. LOCATION (City, town, or county) (State)<br><b>Wilder, Idaho</b> |
| DATE REC'D BY LOCAL REG.<br><b>12-7-56</b>   | REGISTRAR'S SIGNATURE<br><b>Agnes M. Demman</b>   | 26. FUNERAL DIRECTOR<br><b>T. H. G. G. G.</b><br>ADDRESS  |   |



## CERTIFICATE OF STILLBIRTH

RECEIVED State of Idaho

State File No. 194  
Local Reg. No. 48  
Reg. Dist. No. 380-391

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <b>ELMORE</b><br><i>Division of Vital Statistics</i>   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>IDAHO</b> b. COUNTY <b>ELMORE</b>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>MOUNTAIN HOME AIR FORCE BASE, IDA.</b>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>MOUNTAIN HOME</b>   |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <b>USAF HOSP, MT. HOME AFB, IDA.</b>   |   | d. STREET ADDRESS (If rural, give location)<br><b>164 BENNETT HOUSING</b>   |  |
| 3. CHILD'S NAME<br>(Type or Print)<br><b>JERI LYN DAVIES</b>   |   |   |  |
| 4. SEX<br><b>FEMALE</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>DEC 13 1956</b>         |
| 7. FATHER'S NAME<br>a. (First) <b>HARVEY</b> b. (Middle) <b>MARTIN</b> c. (Last) <b>DAVIES</b>   |   | 8. COLOR OR RACE<br><b>WH</b>   |  |
| 9. AGE (At time of this birth)<br><b>23 YEARS</b>  | 10. BIRTHPLACE (State or foreign country)<br><b>KANSAS, BALA</b>  | 11a. USUAL OCCUPATION<br><b>USAF</b>  | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>USAF</b>                         |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>JOANNE</b> b. (Middle) <b>LUCILLE</b> c. (Last) <b>SIMMONS</b>   |   | 13. COLOR OR RACE<br><b>WH</b>  |  |
| 14. AGE (At time of this birth)<br><b>21 YEARS</b>   | 15. BIRTHPLACE (State or foreign country)<br><b>KANSAS, ABILENE</b>   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>ONE</b><br>b. How many children were born alive but are now dead? <b>NONE</b><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>NONE</b> |  |
| 17. INFORMANT<br><b>"I" Joanne M. Davies (FATHER)</b>  |   |   |  |
| 18a. LENGTH OF PREG. <b>38 WEEKS</b>   | 18b. WEIGHT AT BIRTH <b>5 LBS 2 1/2 OZS</b>   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date <b>28 AUG 56</b>  |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)<br><b>LACERATION OF PORTION OF VELAMENTOUS PLACENTA</b><br><i>Laceration of portion of velamentous placenta</i> |   | 20b. MATERNAL CAUSES  |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR   |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><b>R.M.L. Cesarean</b>   |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>11:19 P.m.</b>   |   | 23a. ATTENDANT'S SIGNATURE<br><b>B. E. WOLACH, Capt. USAF (MC)</b><br><i>Bernard E. Wolach M.D.</i>   | 23b. DATE SIGNED<br><b>14 DEC 56</b>                                     |
| 23c. ATTENDANT'S ADDRESS<br><b>USAF HOSP, MT. HOME AFB,</b>  |   | IF NOT attended by physician  | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><b>Walter Smith</b>              |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 25b. DATE<br><b>12/15/56</b>  | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Mtn. View Cemetery</b>   | 25d. LOCATION (City, town, or county) (State)<br><b>Mtn. Home, Idaho</b> |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE<br><b>Dec 17-1956</b><br><i>A F Anderson</i>   |   | 26. FUNERAL DIRECTOR<br><b>Walter Smith</b><br><b>Bey Mortuary, Inc.</b><br><b>Mtn. Home, Idaho</b>   |  |

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**RECEIVED**

(1949 Revision of Standard Certificate)

JAN 2 1957

## CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 195  
Local Reg. No. 22  
Reg. Dist. No. 640

## Division of Vital Statistics

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY<br><b>Jefferson</b>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>Idaho</b><br>b. COUNTY <b>Bonneville</b>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Rigby</b>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Ucon</b>  |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Rigby Maternity Hospital</b>   |   | d. STREET ADDRESS (If rural, give location)   |  |
| 3. CHILD'S NAME<br>(Type or Print)<br><b>BABY CLEGG</b>  |   |   |  |
| 4. SEX<br><b>Male</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>Dec. 24, 1956</b>             |
| 7. FATHER'S NAME<br>a. (First) <b>Ray</b><br>b. (Middle) <b>Oral</b><br>c. (Last) <b>Clegg</b>   |   | 8. COLOR OR RACE<br><b>White</b>  |  |
| 9. AGE (At time of this birth)<br><b>50</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>Ucon, Idaho</b>   | 11a. USUAL OCCUPATION<br><b>Laborer</b>   | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>Construction</b>                       |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>Orpha</b><br>b. (Middle) <b>Luella</b><br>c. (Last) <b>Cropus</b>                                |   | 13. COLOR OR RACE<br><b>White</b>   |  |
| 14. AGE (At time of this birth)<br><b>40</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>Clark, Idaho.</b>   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>3</b><br>b. How many children were born alive but are now dead? <b>0</b><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>3</b> |  |
| 17. INFORMANT<br><b>Ray O. Clegg</b>   |   |   |  |
| 18a. LENGTH OF PREGNANCY<br>WEEKS  | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date <b>June 1956</b>  |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><b>Choked Cord</b>   |  |
|  |   | 20b. MATERNAL CAUSES<br><b>Hypertension</b>   |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><b>none</b>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><b>none</b>  |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>4:45 a.m.</b>                    |   | 23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other)<br><b>Oldon Hall, M.D.</b>  |  |
| 23b. DATE SIGNED<br><b>12/26/56</b>  |   | 23c. ATTENDANT'S ADDRESS<br><b>Rigby, Idaho</b>   |  |
| 23d. SIGNATURE OF AUTHORIZED OFFICIAL<br><b>Bruce A. Echessell</b>   |   | 23e. TITLE<br><b>REGISTRAR</b>  |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 25b. DATE<br><b>Dec. 26, 1956</b>   | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Ucon Cemetery</b>  | 25d. LOCATION (City, town, or county) (State)<br><b>Ucon Bonneville Idaho.</b> |
| DATE REC'D BY LOCAL REG.<br><b>12/26/56</b>  | REGISTRAR'S SIGNATURE<br><b>Mrs. A. B. Echessell</b>  | 26. FUNERAL DIRECTOR<br><b>Bruce A. Echessell</b>   | ADDRESS<br><b>Rigby, Idaho.</b>  |

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 FEDERAL BUREAU OF INVESTIGATION  
 PUBLIC HEALTH SERVICE  
 Division of Vital Statistics

(1949 Revision of Standard Certificate)  
**CERTIFICATE OF STILLBIRTH**  
 State of Idaho

State File No. 196  
 Local Reg. No. 56  
 Reg. Dist. No. 630

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <b>Madison</b>   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>Idaho</b> b. COUNTY <b>Fremont</b>  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Rexburg</b>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Rural Wilford</b>   |   |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR<br>INSTITUTION <b>Madison Memorial Hosp.</b> |   | d. STREET ADDRESS (If rural, give location)   |   |
| 3. CHILD'S NAME<br>(Type or Print) <b>Baby Powell</b>  |   |   |   |
| 4. SEX<br><b>Male</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>Dec. 31, 1956</b>    |
| 7. FATHER'S NAME<br>a. (First) <b>Gerald</b> b. (Middle) <b>T.</b> c. (Last) <b>Powell</b>   |   | 8. COLOR OR RACE<br><b>Cau.</b>   |   |
| 9. AGE (At time of this birth)<br><b>23</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>Rexburg, Id-ho</b>  | 11a. USUAL OCCUPATION   | 11b. KIND OF BUSINESS OR INDUSTRY                                     |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>Julia</b> b. (Middle) c. (Last) <b>Coleman</b>   |   | 13. COLOR OR RACE<br><b>Cau.</b>  |   |
| 14. AGE (At time of this birth)<br><b>20</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>Rexburg, Id-ho</b>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>0</b><br>b. How many children were born alive but are now dead? <b>0</b><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b> |   |
| 17. INFORMANT<br><i>Gerald Powell</i>  |   |   |   |
| 18a. LENGTH OF PREGNANCY<br>WEEKS  | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | 19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/><br>Approximate date   |   |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)       |   | 20a. FETAL CAUSES<br><i>Partial separation of placenta,</i><br>20b. MATERNAL CAUSES<br><i>Prolonged labor.</i>  |   |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><i>none</i>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><i>none</i>  |   |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.                                  |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><i>AST Right</i><br>23c. ATTENDANT'S ADDRESS<br><i>Rexburg</i>  |   |
|  |   | 23b. DATE SIGNED<br><i>1-3-57</i><br>24. SIGNATURE OF AUTHORIZED OFFICIAL<br><i>Leona Flamm</i> TITLE<br><i>Rexburg, Idaho</i>  |   |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 25b. DATE<br><b>Jan. 1, 1957</b>  | 25c. NAME OF CEMETERY OR CREMATORY<br><b>Parker</b>   | 25d. LOCATION (City, town, or county) (State)<br><b>Parker, Idaho</b> |
| DATE REC'D BY LOCAL REG.<br><b>1-3-57</b>  | REGISTRAR'S SIGNATURE<br><i>Leona Flamm</i>   | 26. FUNERAL DIRECTOR<br><i>Leona Flamm</i> ADDRESS<br><i>Rexburg, Idaho</i>   |   |

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(1949 Revision of Standard Certificate)

DEC 28 '956

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No. 197  
Local Reg. No. 312  
Reg. Dist. No. 160

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <u>Twin Falls</u>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Twin Falls</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Twin Falls</u>  |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Maize Valley Mem. Hosp.</u>   |   | d. STREET ADDRESS (If rural, give location)<br><u>1460 Shoup Ave.</u>  |  |
| 3. CHILD'S NAME<br>(Type or Print) <u>Girl Beckstrom</u>   |   |  |  |
| 4. SEX<br><u>fe</u>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>   | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>Dec 23 1956</u>                               |
| 7. FATHER'S NAME<br>a. (First) <u>Richard</u> b. (Middle) <u>Harold</u> c. (Last) <u>Beckstrom</u>   |   | 8. COLOR OR RACE<br><u>W</u>   |  |
| 9. AGE (At time of this birth)<br><u>19</u> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><u>Bingham Canyon Utah</u>   | 11a. USUAL OCCUPATION<br><u>Salesman</u>   | 11b. KIND OF BUSINESS OR INDUSTRY  |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Ruby</u> b. (Middle) c. (Last) <u>Mr. Albert</u>   |   | 13. COLOR OR RACE<br><u>W</u>  |  |
| 14. AGE (At time of this birth)<br><u>19</u> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><u>Acquia Idaho</u>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>None</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? |  |
| 17. INFORMANT<br><u>Richard Beckstrom</u>  |   |  |  |
| 18a. LENGTH OF PREG-NANCY<br><u>28</u> WEEKS   | 18b. WEIGHT AT BIRTH<br>LBS. OZS.   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date <u>Sept. 56</u>  |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) | 20a. FETAL CAUSES<br><u>not known</u>   |  |  |
|  | 20b. MATERNAL CAUSES<br>" "   |  |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><u>premature labor - delivery?</u>   |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><u>none</u>   |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>5:44</u> m.                      |   | 23a. ATTENDANT'S SIGNATURE<br><u>H. F. Fisher</u> (Specify M. D., midwife, or other) <u>M.D.</u>   | 23b. DATE SIGNED<br><u>Dec 23, 56</u>  |
| 23c. ATTENDANT'S ADDRESS<br><u>Twin Falls</u>  |   | If NOT attended by physician   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>White Mortuary</u> TITLE<br><u>Twin Falls Idaho</u> |
| 25a. BURIAL CREMATION, REMOVAL (Specify)<br><u>Removal</u>   | 25b. DATE<br><u>12-27-56</u>  | 25c. NAME OF CEMETERY OR CREMATORY<br><u>Rupert Cem.</u>   | 25d. LOCATION (City, town, or county) (State)<br><u>Rupert, Idaho</u>                          |
| DATE REC'D BY LOCAL REG.<br><u>Dec. 26, 1956</u>   | REGISTRAR'S SIGNATURE<br><u>Lenora O. Jordan</u>  | 26. FUNERAL DIRECTOR<br><u>White Mortuary</u> ADDRESS<br><u>Twin Falls Idaho</u>   |  |



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FEB 16 1957

(1949 Revision of Standard Certificate)  
**CERTIFICATE OF STILLBIRTH**  
State of Idaho

State File No. **198**  
Local Reg. No. **13**  
Reg. Dist. No. **571**

**Division of Vital Statistics**

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF STILLBIRTH   |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)   |  |
| a. COUNTY<br><b>Bannock</b>  | b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><b>Pocatello</b>                      | a. STATE<br><b>Idaho</b>   | b. COUNTY<br><b>Bannock</b>  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Bannock Memorial Hospital</b>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><b>Arimo</b>                                 |  |
|  |   | d. STREET ADDRESS (If rural, give location)  |  |
| 3. CHILD'S NAME<br>(Type or Print)<br><b>BABY BOY HANSON</b>   |   |  |  |
| 4. SEX<br><b>Male</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>December 25, 1956</b> |
| 7. FATHER'S NAME   |   | 8. COLOR OR RACE   |  |
| a. (First)<br><b>Lemar</b>   | b. (Middle)<br><b>Olyn</b>  | c. (Last)<br><b>Hanson</b>   | <b>White</b>   |
| 9. AGE (At time of this birth)<br><b>29</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>McCammon, Idaho</b>   | 11a. USUAL OCCUPATION<br><b>Farmer</b>   | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>Self-employed</b>              |
| 12. MOTHER'S MAIDEN NAME   |   | 13. COLOR OR RACE  |  |
| a. (First)<br><b>Beverly</b>   | b. (Middle)<br><b>Edythe</b>  | c. (Last)<br><b>Winn</b>   | <b>White</b>   |
| 14. AGE (At time of this birth)<br><b>28</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>Hyde Park, Utah</b>   | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)  |  |
|  |   | a. How many children are now living?<br><b>One</b>   | b. How many children were born alive but are now dead?<br><b>None</b>  |
| 17. INFORMANT<br><b>Beverly Hanson, Mother</b>   |   | c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?<br><b>None</b>                                     |  |
| 18a. LENGTH OF PREGNANCY<br><b>40</b> WEEKS  | 18b. WEIGHT AT BIRTH<br><b>9</b> LBS. <b>6</b> OZS.   | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>    |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><i>Fetal Asphyxia due to compression of Umb. Cord.</i>  |  |
|  |   | 20b. MATERNAL CAUSES<br><i>Hydramnios</i>  |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><i>Chorioamnionitis, Paralytic</i>   |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><i>Low Forceps, Median Episiotomy</i>   |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <b>5:27 P. m.</b>                   |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><i>J. P. Munkley, M.D.</i>                                     |  |
| 23b. DATE SIGNED<br><i>Jan 29, 1957</i>  |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><i>Rolland G. Weiser</i>   |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |   | 25b. DATE<br><b>Dec. 27, 1957</b>  |  |
| 25c. NAME OF CEMETERY OR CREMATORY<br><b>Arimo</b>   |   | 25d. LOCATION (City, town, or county) (State)<br><b>Arimo Idaho</b>  |  |
| DATE REC'D BY LOCAL REG.<br><b>FEB 13 1957</b>   |   | 26. FUNERAL DIRECTOR<br><i>Geraldine Smart</i> ADDRESS<br><i>Rolland G. Weiser</i> <b>Pocatello, Idaho</b>                         |  |

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D. C. 20535

STATE

DATE

TIME

PLACE

RECEIVED

TO: DIRECTOR, FBI

FROM: SAC, [illegible]

SUBJECT: [illegible]

RE: [illegible]

DATE: [illegible]

TIME: [illegible]

PLACE: [illegible]

RE: [illegible]

DATE: [illegible]

TIME: [illegible]

PLACE: [illegible]

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DATE: [illegible]

TIME: [illegible]

PLACE: [illegible]

RE: [illegible]

**RECEIVED**

(1949 Revision of Standard Certificate)

State File No. ....  
Local Reg. No. 11  
Reg. Dist. No. 511

199

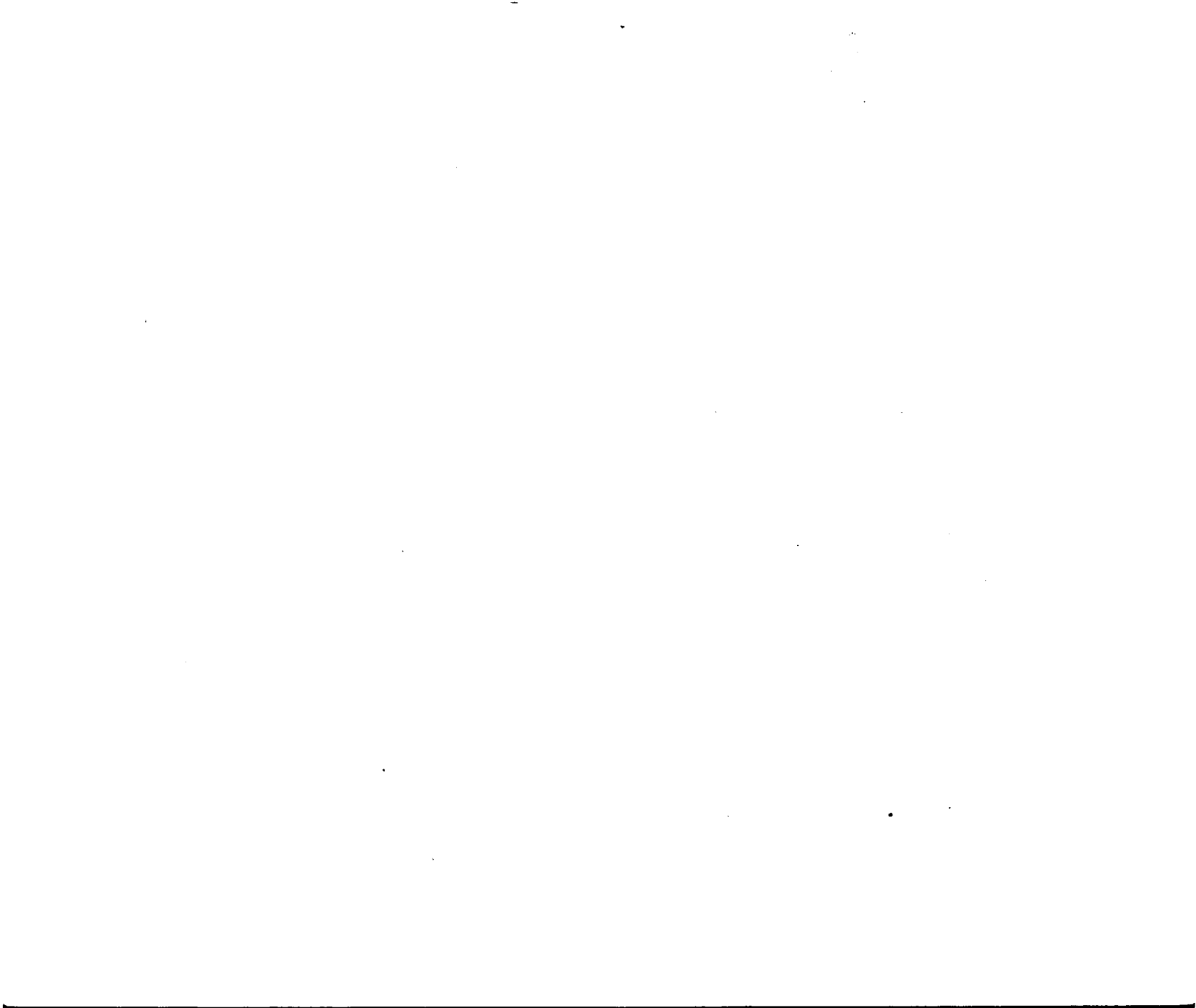
FEB 11 1957

**CERTIFICATE OF STILLBIRTH**

State of Idaho

**Division of Vital Statistics**

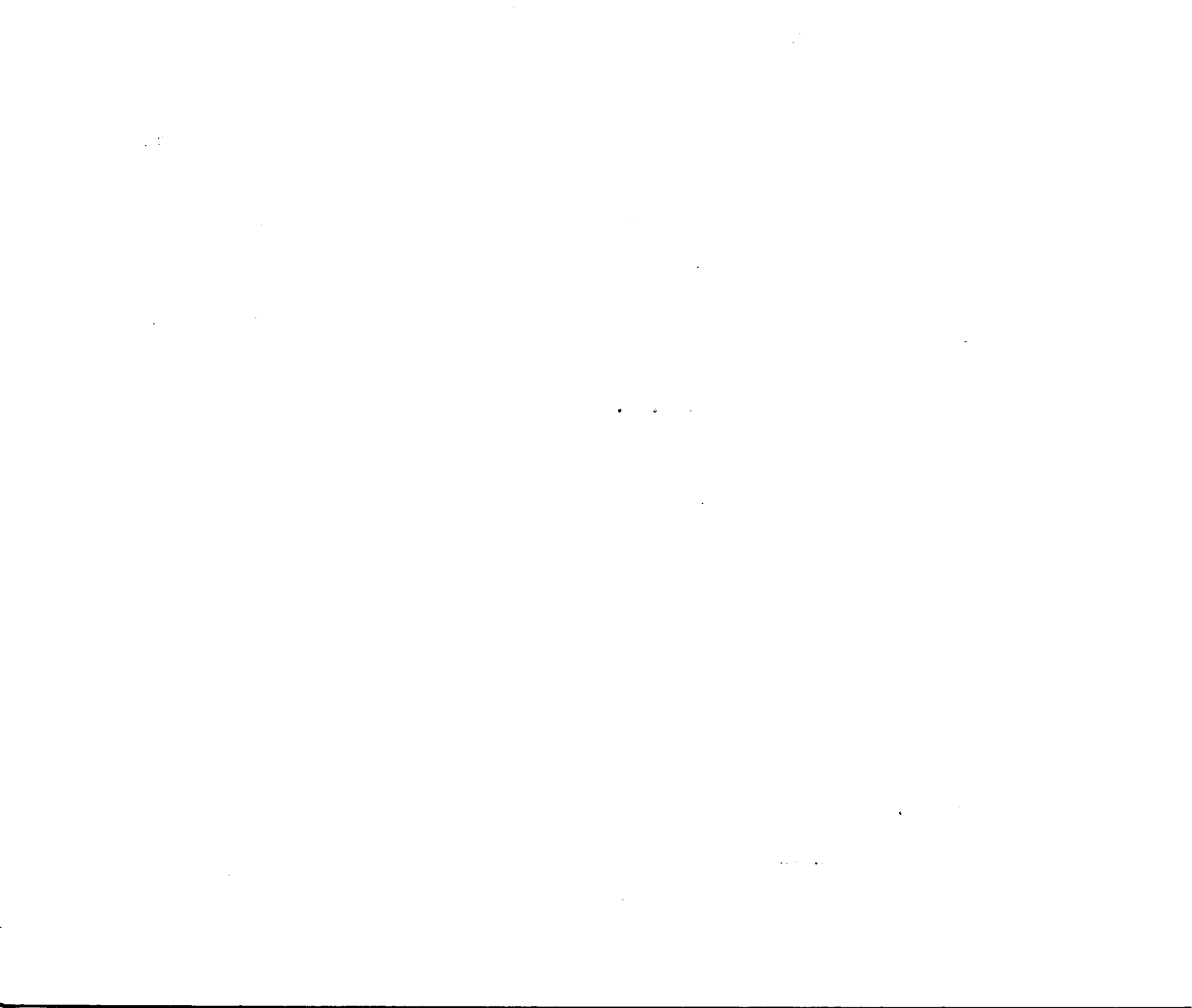
|  |   |  |  |   |  |   |  |
|--|---|--|--|---|--|---|--|
| 1. PLACE OF STILLBIRTH   |   |  |  | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)  |  |   |  |
| a. COUNTY  |   | Bannock  |  | a. STATE  |  | Idaho   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN   |   | Pocatello  |  | b. COUNTY   |  | Caribou                                       |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)                               |   |  |  | d. STREET ADDRESS (If rural, give location)   |  |   |  |
| Bannock Memorial Hospital  |   |  |  |   |  |   |  |
| 3. CHILD'S NAME<br>(Type or Print)   |   |  |  |   |  |   |  |
| INFANT GILBERT   |   |  |  |   |  |   |  |
| 4. SEX   | 5a. THIS BIRTH  | 5b. IF TWIN OR TRIPLET (This child born)   |  |   | 6. DATE OF STILLBIRTH (Month) (Day) (Year) |   |  |
| Female   | SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> |  |   | December 28, 1956                          |   |  |
| 7. FATHER'S NAME   |   | a. (First)   |  | b. (Middle)   |  | c. (Last)                                     |  |
|  |   | Nuel   |  | Cardon  |  | Gilbert                                       |  |
| 8. COLOR OR RACE   |   | White  |  |   |  |   |  |
| 9. AGE (At time of this birth)   |   | 10. BIRTHPLACE (State or foreign country)  |  | 11a. USUAL OCCUPATION   |  | 11b. KIND OF BUSINESS OR INDUSTRY             |  |
| 29 YEARS   |   | Bancroft, Idaho  |  | Farmer  |  | Self-employed                                 |  |
| 12. MOTHER'S MAIDEN NAME   |   | a. (First)   |  | b. (Middle)   |  | c. (Last)                                     |  |
|  |   | Shirley  |  | Rae   |  | Lish  |  |
| 13. COLOR OR RACE  |   | White  |  |   |  |   |  |
| 14. AGE (At time of this birth)  |   | 15. BIRTHPLACE (State or foreign country)  |  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)   |  |   |  |
| 26 YEARS   |   | Pocatello, Idaho   |  | a. How many children were born alive but are now dead? Four   |  |   |  |
| 17. INFORMANT  |   | Shirley Gilbert, Mother  |  | b. How many children were born dead after 20 weeks pregnancy? None  |  |   |  |
| 18a. LENGTH OF PREGNANCY   |   | 18b. WEIGHT AT BIRTH   |  | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |   |  |
| 20 WEEKS   |   | ? LBS. OZS.  |  | Approximate date  |  |   |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   |  |  | 20a. FETAL CAUSES   |  |   |  |
|  |   |  |  | 20b. MATERNAL CAUSES  |  |   |  |
|  |   |  |  | Placental Separation  |  |   |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR   |   |  |  | 22. STATE ALL OPERATIONS FOR DELIVERY   |  |   |  |
|  |   |  |  |   |  |   |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:30 A. m.                          |   |  |  | 23a. ATTENDANT'S SIGNATURE<br>(Specify if M, D, midwife, or other)  |  | 23b. DATE SIGNED                              |  |
|  |   |  |  | George J. Cox M.D.  |  | 1/18/57                                       |  |
| 23c. ATTENDANT'S ADDRESS   |   |  |  | If NOT attended by physician  |  | 24. SIGNATURE OF AUTHORIZED OFFICIAL          |  |
| Pocatello, Idaho   |   |  |  |   |  | TITLE   |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)  |   | 25b. DATE  |  | 25c. NAME OF CEMETERY OR CREMATORY  |  | 25d. LOCATION (City, town, or county) (State) |  |
| Cremation  |   | 12-31-56   |  | Bannock Memorial Hosp.  |  | Pocatello, Idaho                              |  |
| DATE REC'D BY LOCAL REG.   |   | REGISTRAR'S SIGNATURE  |  | 26. FUNERAL DIRECTOR  |  | ADDRESS                                       |  |
| FEB 8 1957   |   | Araldine Smart   |  | [Signature]   |  |   |  |



**RECEIVED** (1949 Revision of Standard Certificate)  
**CERTIFICATE OF STILLBIRTH**  
**FEB 11 1957**  
**State of Idaho**

State File No. 200  
Local Reg. No. 18  
Reg. Dist. No. 570

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF BIRTH<br>a. COUNTY <u>Bannock</u>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Pocatello</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Pocatello</u>   |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bannock Memorial Hospital</u>   |   | d. STREET ADDRESS (If rural, give location)<br><u>Johnny Creek Road</u>   |  |
| 3. CHILD'S NAME<br>(Type or Print) <u>Infant Male Hill</u>   |   |   |  |
| 4. SEX<br><u>Male</u>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><u>December 29, 1956</u>   |
| 7. FATHER'S NAME<br>a. (First) <u>David</u> b. (Middle) <u>Alexander</u> c. (Last) <u>Hill</u>   |   | 8. COLOR OR RACE<br><u>White</u>  |  |
| 9. AGE (At time of this birth)<br><u>34</u> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><u>Tower City, N. D.</u>   | 11a. USUAL OCCUPATION<br><u>Veterinarian</u>  | 11b. KIND OF BUSINESS OR INDUSTRY<br><u>Self-employed</u>                |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <u>Evagene</u> b. (Middle) <u>Spaulding</u> c. (Last) <u>White</u>                                  |   | 13. COLOR OR RACE<br><u>White</u>   |  |
| 14. AGE (At time of this birth)<br><u>33</u> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><u>Kalispell, Montana</u>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <u>Two</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u> |  |
| 17. INFORMANT<br><u>Evagene Hill</u>   |   |   |  |
| 18a. LENGTH OF PREGNANCY<br><u>22</u> WEEKS  | 18b. WEIGHT AT BIRTH<br><u>?</u> LBS. <u>0</u> OZS.   | 19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/>   |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) |   | 20a. FETAL CAUSES<br><u>None found</u>  |  |
|  |   | 20b. MATERNAL CAUSES<br><u>None</u>   |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><u>None</u>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY<br><u>None</u>  |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>5:29 P.</u> m.                   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><u>Dr. Thigbitt, M.D.</u>                               |   | 23b. DATE SIGNED<br><u>1-16-57</u>                                       |
|  | 23c. ATTENDANT'S ADDRESS<br><u>Idaho</u>  |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><u>Geraldine Small</u>           |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Cremation</u>  | 25b. DATE<br><u>12-31-56</u>  | 25c. NAME OF CEMETERY OR CREMATORY<br><u>Bannock Memorial Hospital</u>  | 25d. LOCATION (City, town, or county) (State)<br><u>Pocatello, Idaho</u> |
| DATE REC'D BY LOCAL REG.<br><u>FEB 8 1957</u>  | REGISTRAR'S SIGNATURE<br><u>Geraldine Small</u>   |   | 26. FUNERAL DIRECTOR ADDRESS<br><u>Idaho</u>                             |





**RECEIVED**

(1949 Revision of Standard Certificate)

JAN 29 1957

**CERTIFICATE OF STILLBIRTH**

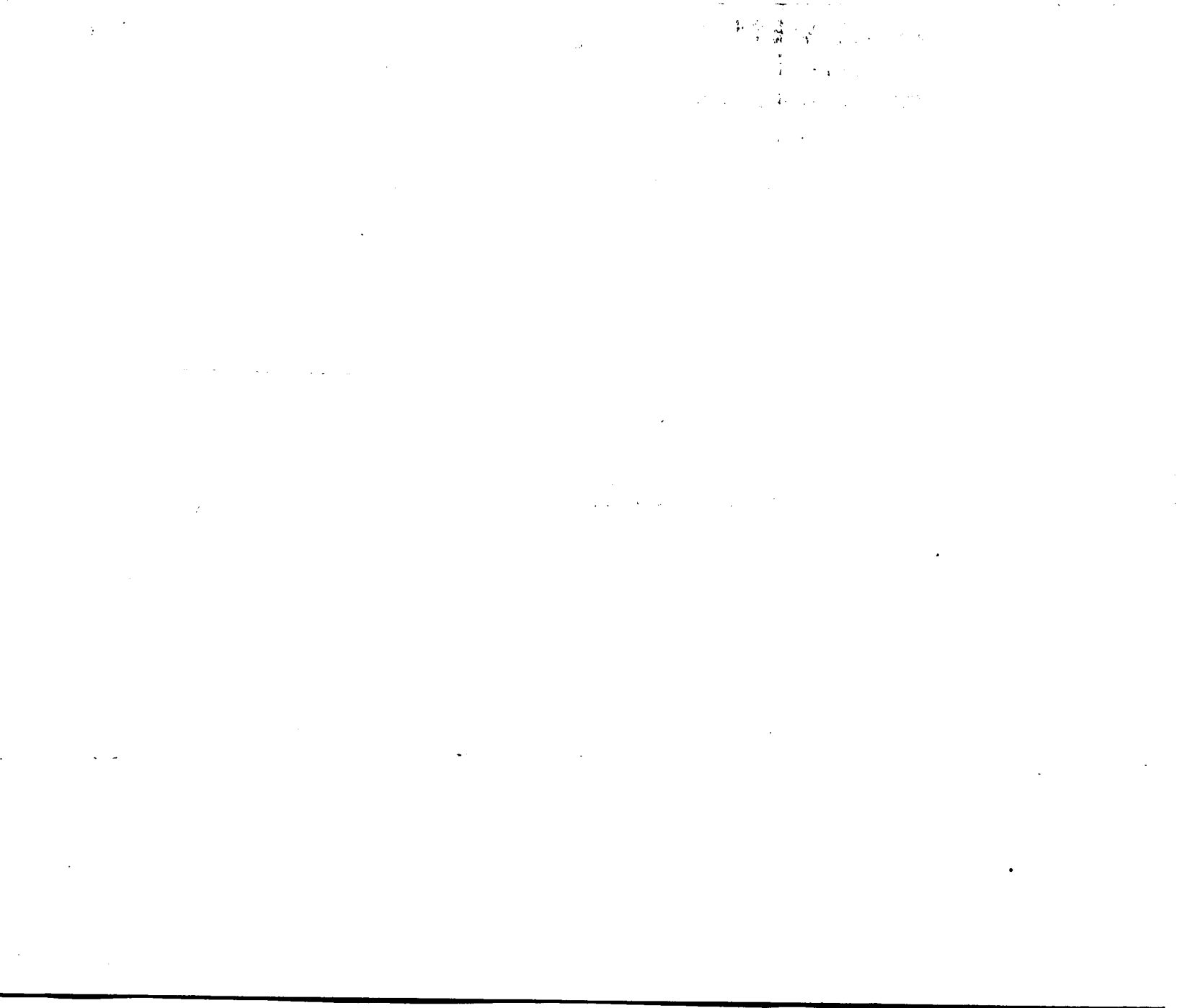
State of Idaho

State File No. ....  
Local Reg. No. ~~278~~ 278  
Reg. Dist. No. 61D

201

**Division of Vital Statistics**

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF STILLBIRTH<br>a. COUNTY <b>Bonneville</b>  |   | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>Idaho</b> b. COUNTY <b>Jefferson</b>  |  |
| b. CITY OR TOWN <b>Idaho Falls</b>   |   | c. CITY OR TOWN <b>Rigby</b>  |  |
| c. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <b>Sacred Heart Hospital</b> |   | d. STREET ADDRESS (If rural, give location)<br><b>275 Bonham</b>  |  |
| 3. CHILD'S NAME<br>(Type or Print) <b>JOHNSON</b>  |   |   |  |
| 4. SEX<br><b>Female</b>  | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>  | 6. DATE OF STILLBIRTH (Month) (Day) (Year)<br><b>December 30, 1956</b> |
| 7. FATHER'S NAME<br>a. (First) <b>Harold</b> b. (Middle) <b>Glen</b> c. (Last) <b>Johnson</b>  |   | 8. COLOR OR RACE<br><b>White</b>  |  |
| 9. AGE (At time of this birth)<br><b>26</b> YEARS  | 10. BIRTHPLACE (State or foreign country)<br><b>North Bend, Oregon</b>  | 11a. USUAL OCCUPATION<br><b>Laborer</b>   | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>Smelter</b>                    |
| 12. MOTHER'S MAIDEN NAME<br>a. (First) <b>Carol</b> b. (Middle) <b>Ida</b> c. (Last) <b>Scott</b>  |   | 13. COLOR OR RACE<br><b>White</b>   |  |
| 14. AGE (At time of this birth)<br><b>23</b> YEARS   | 15. BIRTHPLACE (State or foreign country)<br><b>Annis, Idaho</b>  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many children are now living? <b>2</b><br>b. How many children were born alive but are now dead? <b>1</b><br>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b> |  |
| 17. INFORMANT<br><b>Mrs. Carol Johnson</b> Mother  |   |   |  |
| 18a. LENGTH OF PREGNANCY<br><b>26</b> WEEKS  | 18b. WEIGHT AT BIRTH<br><b>1</b> LBS. <b>10</b> OZS.  | 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approximate date <b>April, 1956</b>  |  |
| CAUSE OF STILLBIRTH<br>State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)   |   | 20a. FETAL CAUSES<br><i>Premature separation of Placenta</i>  |  |
|  |   | 20b. MATERNAL CAUSES  |  |
| 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR<br><i>Low-lying placenta</i>  |   | 22. STATE ALL OPERATIONS FOR DELIVERY   |  |
| I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.                              |   | 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)<br><i>Philo Leonard</i>  |  |
|  |   | 23b. DATE SIGNED<br><b>1-13-57</b>  |  |
| 23c. ATTENDANT'S ADDRESS<br><i>Idaho Falls, Ida.</i>   |   | 24. SIGNATURE OF AUTHORIZED OFFICIAL<br><i>None</i>   |  |
| 25a. BURIAL, CREMATION, REMOVAL (Specify)  |   | 25b. DATE   |  |
|  |   | 25c. NAME OF CEMETERY OR CREMATORY  |  |
|  |   | 25d. LOCATION (City, town, or county) (State)   |  |
| DATE REC'D BY LOCAL REG.<br><i>Jan. 1-1957</i>   |   | REGISTERAR'S SIGNATURE<br><i>Laura Bridges</i>  |  |
|  |   | 26. FUNERAL DIRECTOR<br><i>None</i>   |  |
|  |   | ADDRESS   |  |



|   |   |  |  |   |  |   |  |
|---|---|--|--|---|--|---|--|
| 295-110<br>040-219  |   | <b>RECEIVED</b><br>JUL 16 1956<br>Federal Security Agency<br>United States Public Health Service<br>Division of Vital Statistics   |  | (Be sure the information is complete and accurate)<br><b>CERTIFICATE OF BIRTH</b><br>STATE OF IDAHO   |  | S 111-56-0<br>State File No. 0202<br>Local Reg. No. 112<br>Reg. Dist. No. 142 |  |
| 1. PLACE OF BIRTH<br>a. COUNTY <b>Shoshone</b>  |   |  |  | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. STATE <b>Idaho</b> b. COUNTY <b>Shoshone</b>   |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Kellogg</b> |   |  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Kellogg</b>   |  |   |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wardner Hospital</b>                                   |   |  |  | d. STREET ADDRESS (If rural, give location)<br><b>Box 779</b>   |  |   |  |
| 3. CHILD'S NAME<br>(Type or print)  |   | a. (First)<br><b>Baby</b>  |  | b. (Middle)<br><b>Boy</b>   |  | c. (Last)<br><b>Sinnemaki</b>   |  |
| 4. SEX<br><b>Male</b>   | 5a. THIS BIRTH<br>SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> | 6. DATE OF BIRTH<br>(Month) <b>June</b> (Day) <b>10</b> (Year) <b>1956</b> |   |  |   |  |
| <b>FATHER OF CHILD</b>  |   |  |  |   |  |   |  |
| 7. FULL NAME<br>a. (First)<br><b>John</b>   |   | b. (Middle)<br><b>Reino</b>  |  | c. (Last)<br><b>Sinnemaki</b>   |  | 8. COLOR OR RACE<br><b>White</b>  |  |
| 9. AGE (At time of this birth)<br><b>46</b> YEARS   |   | 10. BIRTHPLACE (State or foreign country) (City)<br>or <b>Mullan, Idaho</b>  |  | 11a. USUAL OCCUPATION<br><b>Dairyman</b>  |  | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>Self-employed</b>                     |  |
| <b>MOTHER OF CHILD</b>  |   |  |  |   |  |   |  |
| 12. FULL MAIDEN NAME<br>a. (First)<br><b>Helvie</b>   |   | b. (Middle)<br><b>Ilta</b>   |  | c. (Last)<br><b>Kaipi</b>   |  | 13. COLOR OR RACE<br><b>White</b>   |  |
| 14. AGE (At time of this birth)<br><b>43</b> YEARS  |   | 15. BIRTHPLACE (State or foreign country) (City)<br>or <b>Stockett, Montana</b>  |  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)<br>a. How many OTHER children are now living? <b>2</b><br>b. How many OTHER children were born alive but are now dead? <b>0</b><br>c. How many children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b> |  |   |  |
| 17. INFORMANT'S SIGNATURE OR NAME (Relationship)<br><b>Mrs. Helvie Sinnemaki</b> <b>Mother</b>    |   |  |  |   |  |   |  |
| I hereby certify that this child was born alive on the date stated above.                         |   | 18a. SIGNATURE<br><i>Robert M. Baker</i>   |  | 18b. ATTENDANT AT BIRTH<br>M. D. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)  |  |   |  |
|   |   | 18c. ADDRESS<br><i>Kellogg 2nd St</i>  |  | 18d. DATE SIGNED<br><i>7-10-56</i>  |  |   |  |
| 19. DATE REC'D BY LOCAL REG.<br><i>7/11/56</i>  |   | 20. REGISTRAR'S SIGNATURE<br><i>Joe Levine</i>   |  | 21. DATE ON WHICH GIVEN NAME ADDED BY<br>(Registrar)  |  |   |  |
| <b>FOR MEDICAL AND HEALTH USE ONLY</b><br>(This section MUST be filled out)                       |   |  |  |   |  |   |  |
| 22a. LENGTH OF PREGNANCY<br>WEEKS   |   | 22b. WEIGHT AT BIRTH<br>LBS. <b>7</b> OZ.  |  | 23. Was a standard serological test for syphilis performed? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |  |   |  |
| <b>DECEASED</b><br><i>all</i><br>ID #2475<br>6-10-1956  |   |  |  | Approximate date <b>January 20, 1956</b>  |  |   |  |
|   |   |  |  | Name prophylactic used to prevent Ophthalmia Neonatorum <b>Penicillin Ointment</b>  |  |   |  |
| STILLBORN WRITTEN ON BACK   |   |  |  |   |  |   |  |

## LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. \* \* \* \* \*, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

### MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

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(b) Labor: Complication.....

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..... Induced?.....

.....

(c) State all operations for delivery.....

.....

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(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury? .....

Describe:.....

(e) Signature of Physician: .....